



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE

Humana Insurance Company

NAIC Group Code01190119NAIC Company Code73288Employer's ID Number39-1263473  
(Current)(Prior)

Organized under the Laws ofWisconsin, State of Domicile or Port of EntryWI

Country of DomicileUnited States of America

Licensed as business type:Life, Accident & Health

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized12/18/1968Commenced Business12/31/1968

Statutory Home Office1100 Employers BoulevardDePere, WI, US 54115  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office1100 Employers BoulevardDePere, WI, US 54115920-336-1100  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. Box 740036Louisville, KY, US 40201-7436  
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records500 West Main StreetLouisville, KY, US 40202502-580-1000  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.humana.com

Statutory Statement ContactElizabeth Lindsey502-580-8965  
(Name)(Area Code) (Telephone Number)

DOIINQUIRIES@humana.com502-580-2099  
(E-mail Address)(FAX Number)

OFFICERS

President & CEO	Bruce Dale Broussard	Chief Financial Officer	Brian Andrew Kane
SVP, Assoc Gen Counsel & Corp Sec	Joseph Christopher Ventura	SVP, Chief Actuary	Vanessa Marie Olson

OTHER

Alan James Bailey, VP & Treasurer	Charles Wilbur Dow Jr., Regional President	Douglas Allen Edwards, Vice President
Jeffrey Carl Fernandez, SVP, Medicare West and MarketPOINT	William Kevin Fleming, Segment President, Healthcare Services	Deborah Maureen Galloway, Regional President
Christopher Howal Hunter #, Segment President, Group Business	Brian Phillip LeClaire, Ph.D., Chief Information Officer	Susan Lynn Mateja, Appointed Actuary
Mark Matthew Matzke, SVP, Employer Group and Specialty	Steven Edward McCulley, SVP, Medicare	Sean Joseph O'Reilly #, VP, Chief Compliance Officer
Timothy Patrick O'Rourke, SVP, Medicare Divisional Leader	Bruno Roger Piquin, Regional President	William Mark Preston, VP, Investments
Richard Donald Remmers, SVP, Employer Group Sales	George Renaudin II, SVP, Medicare East & Provider	Donald Hank Robinson, SVP, Tax
Gilbert Alan Stewart #, SVP, Medicare Divisional Leader	Daniel Andrew Tufto, SVP, Medicare Divisional Leader	Richard Andrew Vollmer Jr. #, SVP, Medicare Divisional Leader
Timothy Alan Wheatley, Segment President, Retail	Ralph Martin Wilson, Vice President	Cynthia Hillebrand Zipperle, SVP, Chief Accounting Officer & Controller

DIRECTORS OR TRUSTEES

Bruce Dale Broussard	Brian Andrew Kane	Timothy Alan Wheatley
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State ofKentuckySS:

County ofJefferson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Bruce Dale Broussard President & CEO	Joseph Christopher Ventura SVP, Assoc Gen Counsel & Corp Sec	Alan James Bailey VP & Treasurer
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Subscribed and sworn to before me this22nd day ofFebruary, 2019

a. Is this an original filing? Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....

Julia Wentworth  
Notary Public  
January 10, 2021



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

United States Policy Forms Direct Business Only  
For The Year Ended December 31, 2018

NAIC Group Code 0119.....

(To Be Filed By April 1)

NAIC Company Code 73288.....

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. INDIVIDUAL BUSINESS</b>							
1. Comprehensive Major Medical							
1.1 With Contract Reserves .....	(24,425,438)	(28,829,222)	(3,396,558)	131.9	1	1	5,477
1.2 Without Contract Reserves .....	0	0	0	0.0	0	0	0
1.3 Subtotal	(24,425,438)	(28,829,222)	(3,396,558)	131.9	1	1	5,477
2. Short-Term Medical							
2.1 With Contract Reserves .....	0	0	0	0.0	0	0	0
2.2 Without Contract Reserves .....	600	(149)	0	(24.8)	0	0	0
2.3 Subtotal	600	(149)	0	(24.8)	0	0	0
3. Other Medical (Non-Comprehensive)							
3.1 With Contract Reserves .....	0	0	0	0.0	0	0	0
3.2 Without Contract Reserves .....	0	0	0	0.0	0	0	0
3.3 Subtotal	0	0	0	0.0	0	0	0
4. Specified/Named Disease							
4.1 With Contract Reserves .....	3,305,736	1,189,169	(108,548)	32.7	0	0	107,756
4.2 Without Contract Reserves .....	0	0	0	0.0	0	0	0
4.3 Subtotal	3,305,736	1,189,169	(108,548)	32.7	0	0	107,756
5. Limited Benefit							
5.1 With Contract Reserves .....	0	0	0	0.0	0	0	0
5.2 Without Contract Reserves .....	28,471,391	7,132,989	0	25.1	128,354	160,527	1,891,626
5.3 Subtotal	28,471,391	7,132,989	0	25.1	128,354	160,527	1,891,626
6. Student							
6.1 With Contract Reserves .....	0	0	0	0.0	0	0	0
6.2 Without Contract Reserves .....	0	0	0	0.0	0	0	0
6.3 Subtotal	0	0	0	0.0	0	0	0
7. Accident Only or AD&D							
7.1 With Contract Reserves .....	0	0	0	0.0	0	0	0
7.2 Without Contract Reserves .....	0	0	0	0.0	0	0	0
7.3 Subtotal	0	0	0	0.0	0	0	0
8. Disability Income - Short - Term							
8.1 With Contract Reserves .....	0	0	0	0.0	0	0	0
8.2 Without Contract Reserves .....	0	0	0	0.0	0	0	0
8.3 Subtotal	0	0	0	0.0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
A. INDIVIDUAL BUSINESS (Continued)							
9. Disability Income - Long - Term							
9.1 With Contract Reserves .....	0	0	0	0.0	0	0	0
9.2 Without Contract Reserves .....	0	0	0	0.0	0	0	0
9.3 Subtotal	0	0	0	0.0	0	0	0
10. Long-Term Care							
10.1 With Contract Reserves .....	0	0	0	0.0	0	0	0
10.2 Without Contract Reserves .....	0	0	0	0.0	0	0	0
10.3 Subtotal	0	0	0	0.0	0	0	0
11. Medicare Supplement (Medigap)							
11.1 With Contract Reserves .....	426,178,821	327,726,824	2,201,867	77.4	201,493	201,493	2,397,496
11.2 Without Contract Reserves .....	0	0	0	0.0	0	0	0
11.3 Subtotal	426,178,821	327,726,824	2,201,867	77.4	201,493	201,493	2,397,496
12. Dental							
12.1 With Contract Reserves .....	0	0	0	0.0	0	0	0
12.2 Without Contract Reserves .....	93,106,629	45,750,168	0	49.1	245,953	305,726	3,716,827
12.3 Subtotal	93,106,629	45,750,168	0	49.1	245,953	305,726	3,716,827
13. State Children's Health Insurance Program							
13.1 With Contract Reserves .....	0	0	0	0.0	0	0	0
13.2 Without Contract Reserves .....	0	0	0	0.0	0	0	0
13.3 Subtotal	0	0	0	0.0	0	0	0
14. Medicare							
14.1 With Contract Reserves .....	0	0	0	0.0	0	0	0
14.2 Without Contract Reserves .....	13,310,999,952	10,902,567,550	0	81.9	1,299,200	1,299,200	15,473,777
14.3 Subtotal	13,310,999,952	10,902,567,550	0	81.9	1,299,200	1,299,200	15,473,777
15. Medicaid							
15.1 With Contract Reserves .....	0	0	0	0.0	0	0	0
15.2 Without Contract Reserves .....	0	0	0	0.0	0	0	0
15.3 Subtotal	0	0	0	0.0	0	0	0
16. Medicare Part D - Stand-Alone							
16.1 With Contract Reserves .....	0	0	0	0.0	0	0	0
16.2 Without Contract Reserves .....	3,404,717,205	2,172,285,245	0	63.8	4,844,372	4,844,372	58,395,582
16.3 Subtotal	3,404,717,205	2,172,285,245	0	63.8	4,844,372	4,844,372	58,395,582
17. Other Individual Business							
17.1 With Contract Reserves .....	1,193,317	929,999	278,387	101.3	0	0	29,137
17.2 Without Contract Reserves .....	0	0	0	0.0	0	0	0
17.3 Subtotal	1,193,317	929,999	278,387	101.3	0	0	29,137
18. Total Individual Business							
18.1 With Contract Reserves .....	406,252,436	301,016,770	(1,024,852)	73.8	201,494	201,494	2,539,866
18.2 Without Contract Reserves .....	16,837,295,777	13,127,735,803	0	78.0	6,517,879	6,609,825	79,477,812
19. Grand Total Individual	17,243,548,213	13,428,752,573	(1,024,852)	77.9	6,719,373	6,811,319	82,017,678

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>B. GROUP BUSINESS</b>							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer .....	691,707,700	521,401,918	0	75.4	159,411	266,408	3,611,188
1.2 Other Employer .....	489,428,992	407,746,704	0	83.3	148,175	243,515	3,037,704
1.3 Single Employer Subtotal .....	1,181,136,692	929,148,622	0	78.7	307,586	509,923	6,648,892
2. Multiple Employer Assns and Trusts .....	81,456,733	74,825,829	0	91.9	7,890	16,989	200,538
3. Other Associations and Discretionary Trusts .....	226,112,665	173,368,657	0	76.7	20,837	44,402	508,939
4. Other Comprehensive Major Medical .....	0	0	0	0.0	0	0	0
5. Comprehensive/Major Medical Subtotal .....	1,488,706,090	1,177,343,108	0	79.1	336,313	571,314	7,358,369
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease .....	19,069,650	13,131,090	(965,999)	63.8	21,066	42,132	1,101,703
7. Limited Benefit .....	80,787,642	51,038,029	0	63.2	696,771	1,267,120	14,387,238
8. Student .....	0	0	0	0.0	0	0	0
9. Accident Only or AD&D .....	2,702,463	931,359	187,263	41.4	4,833	6,842	103,409
10. Disability Income - Short-term .....	352,069	111,825	0	31.8	1,617	1,701	22,805
11. Disability Income - Long-term .....	825,272	715,168	(500,886)	26.0	108	108	3,082
12. Long-Term Care .....	0	0	0	0.0	0	0	0
13. Medicare Supplement (Medigap) .....	0	0	0	0.0	0	0	0
14. Federal Employees Health Benefits Plans .....	29,449,185	20,431,150	0	69.4	49,793	110,534	1,325,291
15. Tricare .....	0	0	0	0.0	0	0	0
16. Dental .....	285,572,071	205,562,009	0	72.0	480,121	842,072	9,538,340
17. Medicare .....	5,465,150,006	4,775,294,007	0	87.4	448,391	448,391	5,342,498
18. Medicare Part D - Stand-Alone .....	28,114,716	21,572,374	0	76.7	14,082	14,082	168,079
19. Other Group Care .....	2,896,044	404,137	321,749	25.1	3,135	6,227	106,023
20. Grand Total Group Business .....	7,403,625,208	6,266,534,256	(957,873)	84.6	2,056,230	3,310,523	39,456,837
<b>C. OTHER BUSINESS</b>							
1. Credit (Individual and Group) .....	0	0	0	0.0	0	0	0
2. Stop Loss/Excess Loss .....	218,298,885	208,919,427	0	95.7	199,674	323,702	3,157,587
3. Administrative Services Only .....	XXX	XXX	XXX	XXX	100,630	197,250	2,278,287
4. Administrative Services Contracts .....	XXX	XXX	XXX	XXX	0	0	0
5. Grand Total Other Business .....	218,298,885	208,919,427	0	95.7	300,304	520,952	5,435,874
<b>D. TOTAL BUSINESS</b>							
1. Total Non U.S. Policy Forms .....	0	0	0	0.0	0	0	0
2. Grand Total Individual, Group and Other Business .....	24,865,472,306	19,904,206,256	(1,982,725)	80.0	9,075,907	10,642,794	126,910,389

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

**PART 1 – INDIVIDUAL POLICIES**

**SUMMARY**

Description		1	2	3	4
		Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1
1.	U.S. Forms Direct Business .....	17,243,548,213	13,428,752,573	(1,024,852)	77.9
2.	Other Forms Direct Business .....	0	0	0	0.0
3.	Total Direct Business .....	17,243,548,213	13,428,752,573	(1,024,852)	77.9
4.	Reinsurance Assumed .....	0	(44,092)	0	0.0
5.	Less Reinsurance Ceded .....	4,605,155	2,271,355	169,832	53.0
6.	Total .....	17,238,943,058	13,426,437,126	(1,194,684)	77.9

**PART 2 – GROUP POLICIES**

**SUMMARY**

Description		1	2	3	4
		Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1
1.	U.S. Forms Direct Business .....	7,621,924,093	6,475,453,683	(957,873)	84.9
2.	Other Forms Direct Business .....	0	0	0	0.0
3.	Total Direct Business .....	7,621,924,093	6,475,453,683	(957,873)	84.9
4.	Reinsurance Assumed .....	1,779,926	1,601,600	(941,135)	37.1
5.	Less Reinsurance Ceded .....	42,608,507	30,573,313	(1,899,008)	67.3
6.	Total .....	7,581,095,512	6,446,481,970	0	85.0

**PART 3 – CREDIT POLICIES (Individual and Group)**

**SUMMARY**

Description		1	2	3	4
		Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1
1.	U.S. Forms Direct Business .....	NONE			
2.	Other Forms Direct Business .....				
3.	Total Direct Business .....				
4.	Reinsurance Assumed .....				
5.	Less Reinsurance Ceded .....				
6.	Total .....				

**PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES**

**SUMMARY**

Description		1	2	3	4
		Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1
1.	U.S. Forms Direct Business .....	24,865,472,306	19,904,206,256	(1,982,725)	80.0
2.	Other Forms Direct Business .....	0	0	0	0.0
3.	Total Direct Business .....	24,865,472,306	19,904,206,256	(1,982,725)	80.0
4.	Reinsurance Assumed .....	1,779,926	1,557,508	(941,135)	34.6
5.	Less Reinsurance Ceded .....	47,213,662	32,844,668	(1,729,176)	65.9
6.	Total .....	24,820,038,570	19,872,919,096	(1,194,684)	80.1



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

2. 1100 Employers Boulevard DePere, WI 54115

REPORT FOR: 1. CORPORATION

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Alabama		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10	11	12	13	14	15
		Mini-Med Plans							Student Health Plans								
		1	2	3	4	5	6	7		8							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group		Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		184,711	.0	.0	.0	.0	.0	.0	.0	.0	.0	15,363,128	.0	15,547,839	XXX	15,547,839	
1.2 Federal high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	
1.3 State high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		184,711	.0	.0	.0	.0	.0	.0	.0	.0	.0	15,363,128	.0	15,547,839	XXX	15,547,839	
1.5 Federal taxes and federal assessments .....		(222,842)	.0	.0	.0	.0	.0	.0	.0	.0	.0	726,785	.0	503,943	.0	503,943	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		(34,552)	.0	.0	.0	.0	.0	.0	.0	.0	.0	154,975	.0	120,424	.0	120,424	
1.6a Community Benefit Expenditures (informational only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.7 Regulatory authority licenses and fees .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	73,647	.0	73,647	.0	73,647	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		442,104	.0	.0	.0	.0	.0	.0	.0	.0	.0	14,407,721	.0	14,849,825	XXX	14,849,825	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(667,761)	.0	(667,761)	XXX	(667,761)	
1.10 Other Adjustments due to MLR calculations - Premiums .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	
1.11 Risk Revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		442,104	0	0	0	0	0	0	0	0	0	13,739,960	0	14,182,064	XXX	14,182,064	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		1,429,489	.0	.0	.0	.0	.0	.0	.0	.0	.0	8,703,167	.0	10,132,656	XXX	10,132,656	
2.2 Prescription drugs .....		(15,944)	.0	.0	.0	.0	.0	.0	.0	.0	.0	389	.0	(15,556)	XXX	(15,556)	
2.3 Pharmaceutical rebates .....		8,072	.0	.0	.0	.0	.0	.0	.0	.0	.0	24	.0	8,095	XXX	8,095	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		1,405,473	.0	.0	.0	.0	.0	.0	.0	.0	.0	8,703,532	.0	10,109,005	XXX	10,109,005	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		(494)	.0	.0	.0	.0	.0	.0	.0	.0	.0	(272,987)	.0	(273,482)	XXX	(273,482)	
5.2 Other Adjustments due to MLR calculations - Claims .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	
5.3 Rebates paid .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	XXX	.0	
5.4 Estimated rebates unpaid prior year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	XXX	.0	
5.5 Estimated rebates unpaid current year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	XXX	.0	
5.6 Fee for service and co-pay revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		1,404,979	0	0	0	0	0	0	0	0	0	8,430,545	0	9,835,523	XXX	9,835,523	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,561	.0	1,561	.0	1,561	
6.2 Activities to prevent hospital readmissions .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1	.0	.1	.0	.1	
6.3 Improve patient safety and reduce medical errors .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	131	.0	131	.0	131	
6.4 Wellness and health promotion activities .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	87,983	.0	87,983	.0	87,983	
6.5 Health Information Technology expenses related to health improvement .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	22,726	.0	22,726	.0	22,726	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	112,402	0	112,402	0	112,402	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		3.179	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	64,946	.0	64,946	.0	64,946	
8.2 All other claims adjustment expenses .....		(3,589)	.0	.0	.0	.0	.0	.0	.0	.0	.0	119,279	.0	115,690	.0	115,690	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		(3,589)	0	0	0	0	0	0	0	0	0	184,224	0	180,635	0	180,635	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		(0.008)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.013	0.000	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:										Government Business (excluded by statute)	Other Health Business				
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....129,345	.....0	.....129,345	.....0	.....129,345
	10.2 Agents and brokers fees and commissions.....	.....57	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,156,090	.....0	.....1,156,148	.....0	.....1,156,148
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....(6,570)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....144,738	.....0	.....138,169	.....0	.....138,169
	10.4 Other general and administrative expenses.....	.....9,790	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(552,423)	.....0	.....(542,633)	.....0	.....(542,633)
	10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	.....3,278	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....877,751	.....0	.....881,029	.....0	.....881,029
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	.....(962,562)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....4,135,038	.....0	.....3,172,476	.....XXX	.....3,172,476
12.	Income from fees of uninsured plans	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....0
13.	Net investment and other gain/(loss)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....XXX	.....0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....XXX	.....0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....3,172,476	.....XXX	.....3,172,476
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
OTHER INDICATORS:																
1.	Number of certificates/policies	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....38,837	.....0	.....38,837	.....0	.....38,837
2.	Number of Covered Lives	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....66,848	.....0	.....66,848	.....0	.....66,848
3.	Number of Groups	.....XXX	.....0	.....0	.....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....280	.....0	.....280	.....0	.....280
4.	Member Months	.....(12)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....805,704	.....0	.....805,692	.....0	.....805,692

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	9,985,308	0
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	376,325	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	0	(13,518,890)	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	376,820	XXX	2,382,627	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.8,280	.0	.9,409	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Alabama		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR								10	11	12	13				
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:						9			
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		184,711	0	0	0	0	0	0	0	0	0	15,362,535	0	15,547,246			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	41,004	0	41,004			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	40,411	0	40,411			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	593	0	593			
1.5 Paid rate credits		(8,280)	0	0	0	0	0	0	0	0	0	0	0	(8,280)			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		184,711	0	0	0	0	0	0	0	0	0	15,363,128	0	15,547,839			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(663,853)	0	(663,853)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	3,908	0	3,908			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		192,991	0	0	0	0	0	0	0	0	0	14,695,367	0	14,888,358			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		2,589,890	0	0	0	0	0	0	0	0	0	8,751,231	0	11,341,121			
2.2 Direct claim liability current year		(733,776)	0	0	0	0	0	0	0	0	0	993,507	0	259,731			
2.3 Direct claim liability prior year		435,648	0	0	0	0	0	0	0	0	0	985,290	0	1,420,939			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	21,338	0	21,338			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	23,504	0	23,504			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	12,090	0	12,090			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	34,183	0	34,184			
2.8 Paid rate credits		(8,280)	0	0	0	0	0	0	0	0	0	0	0	(8,280)			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		6,713	0	0	0	0	0	0	0	0	0	31,656	0	38,369			
2.12a Healthcare receivables current year		3,876	0	0	0	0	0	0	0	0	0	31,917	0	35,793			
2.12b Healthcare receivables prior year		(2,837)	0	0	0	0	0	0	0	0	0	261	0	(2,576)			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		1,405,473	0	0	0	0	0	0	0	0	0	8,703,532	0	10,109,005			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	19,940	0	19,940			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(266,213)	0	(266,213)			
2.18 Ceded incurred claims to non-affiliates		494	0	0	0	0	0	0	0	0	0	26,714	0	27,208			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		1,413,258	0	0	0	0	0	0	0	0	0	8,430,545	0	9,843,803			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Alabama	DURING THE YEAR			2018	(LOCATION)	NAIC Company Code	73288
		All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses				
			1	2	3	4	5	6	7	8	9	10
			Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:											
	1.1 Salaries (including \$ .....620 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	(3,587)	9,783	6,196
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	(1)	3	2
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	1	.0
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	1.6 Other Expenses (incl \$ .....6 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	(1)	60	60
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	(3,589)	9,847	6,258
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(6,570)	(6,570)
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	(3,589)	3,278	(312)
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:											
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:											
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0

216-4.AL

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-5.AL



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-6.AL



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Alaska		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.2 Federal high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 State high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.5 Federal taxes and federal assessments .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6a Community Benefit Expenditures (informational only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.7 Regulatory authority licenses and fees .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.10 Other Adjustments due to MLR calculations - Premiums .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.11 Risk Revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Pharmaceutical rebates .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Net Assumed less Ceded reinsurance claims incurred .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Other Adjustments due to MLR calculations - Claims .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.3 Rebates paid .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.4 Estimated rebates unpaid prior year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.5 Estimated rebates unpaid current year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.6 Fee for service and co-pay revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.2 Activities to prevent hospital readmissions .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.3 Improve patient safety and reduce medical errors .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.4 Wellness and health promotion activities .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.5 Health Information Technology expenses related to health improvement .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	XXX
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.2 All other claims adjustment expenses .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.012	0.000	XXX	XXX	XXX	XXX

216-1-AK

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:										Government Business (excluded by statute)	Other Health Business				
	10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2,346	.0	2,346	.0	2,346
	10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	147,162	.0	147,162	.0	147,162
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2,928	.0	2,928	.0	2,928
	10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	124,386	.0	124,386	.0	124,386
	10.4a Community Benefit Expenditures (informational only) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	276,823	0	276,823	0	276,823
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	261,443	0	261,443	XXX	261,443
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	261,443	XXX	261,443
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	1,129	0	1,129	0	1,129
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	1,216	0	1,216	0	1,216
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	19	0	19	0	19
4.	Member Months	0	0	0	0	0	0	0	0	0	0	14,070	0	14,070	0	14,070

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Alaska		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9	10	11	12	13			
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	1,836,624	0	1,836,624			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	1,836,624	0	1,836,624			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	9,354	0	9,354			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	1,827,270	0	1,827,270			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	1,273,565	0	1,273,565			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	127,336	0	127,336			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	163,220	0	163,220			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	6,329	0	6,329			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	6,330	0	6,330			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	1	0	1			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	1,231,352	0	1,231,352			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	1,231,352	0	1,231,352			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 206,456 for stand-alone dental and \$ 4,447 for stand-alone vision policies.

216-3-AK

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Alaska	DURING THE YEAR		2018	(LOCATION)		NAIC Company Code	73288
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10	
		1	2	3	4	5	6	7	8			
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:											
	1.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	1.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	0	0	0	0	0	0	0	0	0	0	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
	1.10 Total (1.7 to 1.9) .....	0	0	0	0	0	0	0	0	0	0	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0	
2.	Small Group Comprehensive Coverage Expenses:											
	2.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	2.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	0	0	0	0	0	0	0	0	0	0	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
	2.10 Total (2.7 to 2.9) .....	0	0	0	0	0	0	0	0	0	0	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0	
3.	Large Group Comprehensive Coverage Expenses:											
	3.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	3.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	0	0	0	0	0	0	0	0	0	0	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
	3.10 Total (3.7 to 3.9) .....	0	0	0	0	0	0	0	0	0	0	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0	

216-4.AK

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Arizona		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288		
		Business Subject to MLR																
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12		
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	13	14	15	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group							Uninsured Plans	Total 13 + 14	
1. Premium:																		
1.1 Health premiums earned (From Part 2, Line 1.11)		5,432	23,598,047	11,509,610	0	0	0	0	0	0	0	0	0	26,987,379	0	62,100,468	XXX	62,100,468
1.2 Federal high risk pools		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)		5,432	23,598,047	11,509,610	0	0	0	0	0	0	0	0	0	26,987,379	0	62,100,468	XXX	62,100,468
1.5 Federal taxes and federal assessments		23,418	497,076	423,432	0	0	0	0	0	0	0	0	0	785,066	0	1,728,992	(71,600)	1,657,392
1.6 State insurance, premium and other taxes (Similar local taxes of \$ )		3,541	461,654	229,444	0	0	0	0	0	0	0	0	0	555,318	0	1,249,957	(10,844)	1,239,114
1.6a Community Benefit Expenditures (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees		11	17,410	7,158	0	0	0	0	0	0	0	0	0	48,640	0	73,220	1,904	75,124
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)		(21,538)	22,621,906	10,849,576	0	0	0	0	0	0	0	0	0	25,598,356	0	59,048,299	XXX	59,128,839
1.9 Net Assumed less Ceded reinsurance premiums earned		0	0	0	0	0	0	0	0	0	0	0	0	(2,225)	0	(2,225)	XXX	(2,225)
1.10 Other Adjustments due to MLR calculations - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)		(21,538)	22,621,906	10,849,576	0	0	0	0	0	0	0	0	0	25,596,130	0	59,046,074	XXX	59,126,613
2. Claims:																		
2.1 Incurred claims excluding prescription drugs		149,829	18,060,249	9,022,142	0	0	0	0	0	0	0	0	0	18,391,377	0	45,623,597	XXX	45,623,597
2.2 Prescription drugs		(3,669)	2,070,905	546,483	0	0	0	0	0	0	0	0	0	(17)	0	2,613,702	XXX	2,613,702
2.3 Pharmaceutical rebates		3,352	422,991	102,011	0	0	0	0	0	0	0	0	0	250	0	528,605	XXX	528,605
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)		142,808	19,708,163	9,466,614	0	0	0	0	0	0	0	0	0	18,391,110	0	47,708,694	XXX	47,708,694
5.1 Net Assumed less Ceded reinsurance claims incurred		(571)	0	0	0	0	0	0	0	0	0	0	0	(22,340)	0	(22,911)	XXX	(22,911)
5.2 Other Adjustments due to MLR calculations - Claims		0	(857,594)	35	0	0	0	0	0	0	0	0	0	0	0	(857,559)	XXX	(857,559)
5.3 Rebates paid		0	954,044	0	0	0	0	0	0	0	0	0	XXX	XXX	0	954,044	XXX	954,044
5.4 Estimated rebates unpaid prior year		0	866,368	0	0	0	0	0	0	0	0	0	XXX	XXX	0	866,368	XXX	866,368
5.5 Estimated rebates unpaid current year		0	769,918	0	0	0	0	0	0	0	0	0	XXX	XXX	0	769,918	XXX	769,918
5.6 Fee for service and co-pay revenue		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)		142,236	19,708,163	9,466,649	0	0	0	0	0	0	0	0	0	18,368,770	0	47,685,818	XXX	47,685,818
6. Improving Health Care Quality Expenses Incurred:																		
6.1 Improve health outcomes		0	91,436	53,879	0	0	0	0	0	0	0	0	0	2,333	0	147,648	2,138	149,786
6.2 Activities to prevent hospital readmissions		0	37,205	22,340	0	0	0	0	0	0	0	0	0	1	0	59,546	103	59,650
6.3 Improve patient safety and reduce medical errors		0	23,426	13,213	0	0	0	0	0	0	0	0	0	108	0	36,748	499	37,246
6.4 Wellness and health promotion activities		(239,519)	283,856	200,018	0	0	0	0	0	0	0	0	0	207,587	0	451,942	10,249	462,191
6.5 Health Information Technology expenses related to health improvement		0	47,437	27,696	0	0	0	0	0	0	0	0	0	36,252	0	111,385	2,307	113,692
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)		(239,519)	483,361	317,147	0	0	0	0	0	0	0	0	0	246,281	0	807,269	15,295	822,564
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8		4.490	0.893	0.902	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																		
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6		12	136,754	73,809	0	0	0	0	0	0	0	0	0	136,460	0	347,035	9,746	356,781
8.2 All other claims adjustment expenses		(46,120)	112,162	66,214	0	0	0	0	0	0	0	0	0	169,272	0	301,528	16,846	318,374
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)		(46,108)	248,916	140,022	0	0	0	0	0	0	0	0	0	305,732	0	648,563	26,592	675,154
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)		2.141	0.011	0.013	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.012	0.000	XXX	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....80,398	.....50,918	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....142,738	.....0	.....274,054	.....55,769	.....329,823
10.2 Agents and brokers fees and commissions.....	.....212	.....431,919	.....114,313	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,910,889	.....0	.....2,457,334	.....98,507	.....2,555,841
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....414	.....54,758	.....32,333	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....121,680	.....0	.....209,184	.....9,007	.....218,191
10.4 Other general and administrative expenses.....	.....(6,051)	.....1,605,591	.....965,560	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....992,209	.....0	.....3,557,309	.....216,968	.....3,774,277
10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	(5,424)	2,172,667	1,163,124	0	0	0	0	0	0	0	3,167,515	0	6,497,882	380,251	6,878,132
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	127,277	8,799	(237,366)	0	0	0	0	0	0	0	3,507,833	0	3,406,543	XXX	3,064,944
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	497,367	497,367
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,406,543	XXX	3,562,311
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	8,591	5,366	0	0	0	0	0	0	0	48,509	0	62,466	179	62,645
2. Number of Covered Lives	0	13,836	9,057	0	0	0	0	0	0	0	81,813	0	104,706	309	105,015
3. Number of Groups	XXX	202	18	XXX	0	0	0	0	0	0	3,670	0	3,890	14	3,904
4. Member Months	0	186,501	104,383	0	0	0	0	0	0	0	907,032	0	1,197,916	3,765	1,201,681

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	5,102	85,842	1,442,714	653,802
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	434,945	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	16	(296,497)	(1,303,801)	(1,016,266)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	435,516	XXX	2,412,473	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Arizona		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12		13	
					Mini-Med Plans														
		1	2	3	4	5	6	7	8	9									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans		Government Business (excluded by statute)		Other Health Business		Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		Total (a)	
1. Health Premiums Earned:																			
1.1 Direct premiums written		5,432	23,598,047	11,509,610	0	0	0	0	0	0	0	0	26,996,884	0	0	0	0	0	0
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	80,045	0	0	0	0	0	0
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	89,549	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	(9,504)	0	0	0	0	0	0
1.5 Paid rate credits		0	954,044	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 Reserve for rate credits current year		0	769,918	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Reserve for rate credits prior year		0	866,368	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	(96,450)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		5,432	23,598,047	11,509,610	0	0	0	0	0	0	0	0	26,987,379	0	0	0	0	0	0
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	313	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,539)	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		5,432	22,740,453	11,509,610	0	0	0	0	0	0	0	0	26,985,154	0	0	0	0	0	0
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		442,440	18,157,064	9,743,888	0	0	0	0	0	0	0	0	17,746,464	0	0	0	0	0	0
2.2 Direct claim liability current year		46,391	1,909,015	1,530,451	0	0	0	0	0	0	0	0	2,344,859	0	0	0	0	0	0
2.3 Direct claim liability prior year		343,706	1,322,282	1,710,541	0	0	0	0	0	0	0	0	1,668,030	0	0	0	0	0	0
2.4 Direct claim reserves current year		0	35,874	0	0	0	0	0	0	0	0	0	40,716	0	0	0	0	0	0
2.5 Direct claim reserves prior year		0	44,650	0	0	0	0	0	0	0	0	0	46,637	0	0	0	0	0	0
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	455,832	0	0	0	0	0	0
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	449,352	0	0	0	0	0	0
2.8 Paid rate credits		0	954,044	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Reserve for rate credits current year		0	769,918	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Reserve for rate credits prior year		0	866,368	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		2,318	(115,548)	97,184	0	0	0	0	0	0	0	0	32,743	0	0	0	0	0	0
2.12a Healthcare receivables current year		8,520	153,770	52,581	0	0	0	0	0	0	0	0	32,934	0	0	0	0	0	0
2.12b Healthcare receivables prior year		6,201	269,318	(44,604)	0	0	0	0	0	0	0	0	192	0	0	0	0	0	0
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		142,808	19,708,163	9,466,614	0	0	0	0	0	0	0	0	18,391,110	0	0	0	0	0	0
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	49,365	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(29,299)	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates		571	0	0	0	0	0	0	0	0	0	0	42,405	0	0	0	0	0	0
2.19 Other adjustments due to MLR calculation - Claims		0	0	35	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		142,236	18,850,569	9,466,649	0	0	0	0	0	0	0	0	18,368,770	0	0	0	0	0	0
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of \$ 14,196,198 for stand-alone dental and \$ 1,963,153 for stand-alone vision policies.

216-3-AZ

## SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

[illegible]

216-4.AZ

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-5.AZ

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-6.AZ



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

REPORT FOR: 1. CORPORATION (To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
Humana Insurance Company

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Arkansas		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10	11	12	13	14	15
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)						
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11)		1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.2 Federal high risk pools		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 State high risk pools		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)		1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.5 Federal taxes and federal assessments		1,057	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6 State insurance, premium and other taxes (Similar local taxes of \$ )		161	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6a Community Benefit Expenditures (informational only)		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.7 Regulatory authority licenses and fees		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)		(1,218)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.9 Net Assumed less Ceded reinsurance premiums earned		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.10 Other Adjustments due to MLR calculations - Premiums		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.11 Risk Revenue		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)		(1,218)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Claims:																	
2.1 Incurred claims excluding prescription drugs		(5,496)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Prescription drugs		(1,064)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Pharmaceutical rebates		130	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred medical incentive pools and bonuses		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)		(6,691)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Net Assumed less Ceded reinsurance claims incurred		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Other Adjustments due to MLR calculations - Claims		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.3 Rebates paid		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.4 Estimated rebates unpaid prior year		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.5 Estimated rebates unpaid current year		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.6 Fee for service and co-pay revenue		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)		(6,691)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.2 Activities to prevent hospital readmissions		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.3 Improve patient safety and reduce medical errors		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.4 Wellness and health promotion activities		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.5 Health Information Technology expenses related to health improvement		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8		5.495	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.2 All other claims adjustment expenses		172	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)		172	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)		(0.142)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.011	0.000	XXX	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:																
10.1 Direct sales salaries and benefits .....		0	0	0	0	0	0	0	0	0	0	30,190	0	30,190	0	30,190
10.2 Agents and brokers fees and commissions.....		0	0	0	0	0	0	0	0	0	0	948,791	0	948,792	0	948,792
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....		31	0	0	0	0	0	0	0	0	0	28,657	0	28,688	0	28,689
10.4 Other general and administrative expenses.....		10	0	0	0	0	0	0	0	0	0	(349,728)	0	(349,718)	19	(349,699)
10.4a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)		41	0	0	0	0	0	0	0	0	0	657,910	0	657,951	20	657,971
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)		5,260	0	0	0	0	0	0	0	0	0	1,102,448	0	1,107,708	XXX	1,107,691
12. Income from fees of uninsured plans		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,107,708	XXX	1,107,691
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1. Number of certificates/policies		0	0	0	0	0	0	0	0	0	0	9,381	0	9,381	0	9,381
2. Number of Covered Lives		0	0	0	0	0	0	0	0	0	0	11,706	0	11,706	0	11,706
3. Number of Groups		XXX	0	0	XXX	0	0	0	0	0	0	38	0	38	0	38
4. Member Months		0	0	0	0	0	0	0	0	0	0	135,504	0	135,504	0	135,504

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	148,686	0
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	0	(106,659)	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	17,143	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Arkansas		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR									10	11	12	13			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		1	0	0	0	0	0	0	0	0	0	8,922,636	0	8,922,636			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	18,700	0	18,700			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	21,580	0	21,580			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(2,880)	0	(2,880)			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		1	0	0	0	0	0	0	0	0	0	8,919,755	0	8,919,756			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(6,522)	0	(6,522)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		1	0	0	0	0	0	0	0	0	0	8,913,233	0	8,913,234			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		(472)	0	0	0	0	0	0	0	0	0	7,010,717	0	7,010,245			
2.2 Direct claim liability current year		139	0	0	0	0	0	0	0	0	0	822,358	0	822,497			
2.3 Direct claim liability prior year		6,152	0	0	0	0	0	0	0	0	0	766,330	0	772,482			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	(58)	0	(58)			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	12,047	0	12,048			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		205	0	0	0	0	0	0	0	0	0	26,822	0	27,027			
2.12a Healthcare receivables current year		(16)	0	0	0	0	0	0	0	0	0	26,801	0	26,785			
2.12b Healthcare receivables prior year		(221)	0	0	0	0	0	0	0	0	0	(21)	0	(242)			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		(6,691)	0	0	0	0	0	0	0	0	0	7,027,819	0	7,021,128			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	6,744	0	6,744			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	(2,586)	0	(2,586)			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		(6,691)	0	0	0	0	0	0	0	0	0	7,037,148	0	7,030,458			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR				(LOCATION)		NAIC Company Code	
0119		Arkansas		2018				73288			
All Expenses		Improving Health Care Quality Expenses				Claims Adjustment Expenses					
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ .....6 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.60	.4	.64
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.49	.2	.51
	1.3 EDP Equipment and Software (incl \$ .....1 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.10	.0	.11
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	1.6 Other Expenses (incl \$ .....6 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.53	.3	.56
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.172	.10	.182
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.31	.31
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.172	.41	.213
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		California		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	84,651,507	0	84,651,507	XXX	84,651,507	
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	84,651,507	0	84,651,507	XXX	84,651,507	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	(643,234)	0	(643,234)	0	(643,234)	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	1,631,730	0	1,631,730	0	1,631,730	
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	47,377	0	47,377	0	47,377	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	83,615,635	0	83,615,635	XXX	83,615,635	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	(83,453)	0	(83,453)	XXX	(83,453)	
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	83,532,181	0	83,532,181	XXX	83,532,181	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	63,522,321	0	63,522,321	XXX	63,522,321	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	73	0	73	XXX	73	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	431	0	431	XXX	431	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	63,521,964	0	63,521,964	XXX	63,521,964	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	(61,231)	0	(61,231)	XXX	(61,231)	
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	63,460,733	0	63,460,733	XXX	63,460,733	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	4,876	0	4,876	0	4,876	
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	3	0	3	0	3	
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	303	0	303	0	303	
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	509,254	0	509,254	0	509,254	
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	94,263	0	94,263	0	94,263	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	608,699	0	608,699	0	608,699	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	403,866	0	403,866	0	403,866	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	614,175	0	614,175	0	614,175	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	1,018,041	0	1,018,041	0	1,018,041	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.012	0.000	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	0	0	0	0	0	0	0	0	0	0	296,954	0	296,954	0	296,954
10.2 Agents and brokers fees and commissions.....	0	0	0	0	0	0	0	0	0	0	8,633,486	0	8,633,486	0	8,633,486
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	0	0	0	0	0	0	0	0	0	0	166,608	0	166,608	0	166,608
10.4 Other general and administrative expenses.....	0	0	0	0	0	0	0	0	0	0	6,458,424	0	6,458,424	0	6,458,424
10.4a Community Benefit Expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	15,555,472	0	15,555,472	0	15,555,472
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	2,889,236	0	2,889,236	XXX	2,889,236
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,889,236	XXX	2,889,236
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	119,813	0	119,813	0	119,813
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	178,185	0	178,185	0	178,185
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	4,425	0	4,425	0	4,425
4. Member Months	0	0	0	0	0	0	0	0	0	0	1,924,257	0	1,924,257	0	1,924,257

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		California		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12		13	
		Mini-Med Plans																	
		1	2	3	4	5	6	7	8	9									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)					
1. Health Premiums Earned:																			
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	84,697,148	0	84,697,148					
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	126,194	0	126,194					
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	171,834	0	171,834					
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(45,641)	0	(45,641)					
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	84,651,507	0	84,651,507					
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	(490)	0	(490)					
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(413)	0	(413)					
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	82,550	0	82,550					
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	84,568,054	0	84,568,054					
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	62,814,328	0	62,814,328					
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	6,396,395	0	6,396,395					
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	5,527,059	0	5,527,059					
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	569,021	0	569,021					
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	617,445	0	617,445					
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	2,169	0	2,169					
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	111,108	0	111,108					
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	111,496	0	111,496					
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	388	0	388					
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	63,521,964	0	63,521,964					
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	(95,377)	0	(95,377)					
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(27,635)	0	(27,635)					
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	(61,781)	0	(61,781)					
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	63,460,733	0	63,460,733					
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0					

(a) Column 13, Line 1.1 includes direct written premium of \$ 38,972,957 for stand-alone dental and \$ 5,571,248 for stand-alone vision policies.

216-3-CA

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		California		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
	All Expenses		Improving Health Care Quality Expenses													
		1	2	3	4	5	6	7	8	9	10					
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)					
1.	Individual Comprehensive Coverage Expenses:															
	1.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0					
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	.XXX	XXX	XXX	XXX	XXX	.XXX	XXX	XXX	.0	.0					
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0					
2.	Small Group Comprehensive Coverage Expenses:															
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0					
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	.XXX	XXX	XXX	XXX	XXX	.XXX	XXX	XXX	.0	.0					
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0					
3.	Large Group Comprehensive Coverage Expenses:															
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0					
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	.XXX	XXX	XXX	XXX	XXX	.XXX	XXX	XXX	.0	.0					
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0					
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0					

216-4.CA

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT FOR: 1. CORPORATION      Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Colorado		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288														
		Business Subject to MLR																												
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9			10			11			12			13			14			15		
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14														
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group																					
1. Premium:																														
1.1 Health premiums earned (From Part 2, Line 1.11)		(6,994)	14,386,762	3,243,382	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
1.2 Federal high risk pools		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
1.3 State high risk pools		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)		(6,994)	14,386,761	3,243,382	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
1.5 Federal taxes and federal assessments		2,355	589,816	(15,460)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .0 )		.195	319,580	49,371	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
1.6a Community Benefit Expenditures (informational only)		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
1.7 Regulatory authority licenses and fees		.0	10,198	2,172	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)		(9,544)	13,467,167	3,207,300	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
1.9 Net Assumed less Ceded reinsurance premiums earned		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
1.10 Other Adjustments due to MLR calculations - Premiums		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
1.11 Risk Revenue		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)		(9,544)	13,467,167	3,207,300	0	0	0	0	0	0	0	44,984,483	0	61,649,406	XXX	61,734,308														
2. Claims:																														
2.1 Incurred claims excluding prescription drugs		(11,938)	10,125,717	3,082,076	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
2.2 Prescription drugs		(8,523)	806,727	103,521	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
2.3 Pharmaceutical rebates		.405	110,979	22,428	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0														
3. Incurred medical incentive pools and bonuses		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0														
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0														
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)		(20,866)	10,821,465	3,163,169	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
5.1 Net Assumed less Ceded reinsurance claims incurred		(35)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
5.2 Other Adjustments due to MLR calculations - Claims		.0	.0	57,754	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
5.3 Rebates paid		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
5.4 Estimated rebates unpaid prior year		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
5.5 Estimated rebates unpaid current year		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
5.6 Fee for service and co-pay revenue		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)		(20,901)	10,821,465	3,220,923	0	0	0	0	0	0	0	42,121,644	0	56,143,131	XXX	56,143,131														
6. Improving Health Care Quality Expenses Incurred:																														
6.1 Improve health outcomes		.0	47,189	12,174	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
6.2 Activities to prevent hospital readmissions		.0	19,240	5,028	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
6.3 Improve patient safety and reduce medical errors		.0	11,551	3,048	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
6.4 Wellness and health promotion activities		.0	65,281	34,585	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
6.5 Health Information Technology expenses related to health improvement		(1)	25,661	6,271	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)		(1)	168,922	61,105	0	0	0	0	0	0	0	419,387	0	649,413	31,650	681,062														
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8		2.186	0.816	1.005	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX														
8. Claims Adjustment Expenses:																														
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6		.0	58,862	16,870	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
8.2 All other claims adjustment expenses		(108)	52,104	21,520	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0														
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)		(108)	110,966	38,390	0	0	0	0	0	0	0	228,667	0	377,914	38,583	416,497														
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)		0.011	0.008	0.012	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.005	0.000	XXX	XXX	XXX														

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	(1)	42,780	14,501	0	0	0	0	0	0	0	87,294	0	144,574	20,925	165,499
	10.2 Agents and brokers fees and commissions.....	(69)	210,190	40,939	0	0	0	0	0	0	0	1,912,664	0	2,163,723	154,472	2,318,195
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	69	35,845	7,266	0	0	0	0	0	0	0	82,526	0	125,705	5,412	131,117
	10.4 Other general and administrative expenses.....	(80)	833,364	285,718	0	0	0	0	0	0	0	931,540	0	2,050,542	179,480	2,230,022
	10.4a Community Benefit Expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	(81)	1,122,179	348,423	0	0	0	0	0	0	0	3,014,023	0	4,484,544	360,289	4,844,832
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	11,548	1,243,635	(461,541)	0	0	0	0	0	0	0	(799,238)	0	(5,596)	XXX	(351,215)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	305,803	305,803
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(5,596)	XXX	(45,412)
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	5,291	1,657	0	0	0	0	0	0	0	50,949	0	57,897	636	58,533
2.	Number of Covered Lives	0	9,094	2,351	0	0	0	0	0	0	0	78,741	0	90,186	860	91,046
3.	Number of Groups	XXX	109	3	XXX	0	0	0	0	0	0	4,131	0	4,243	38	4,281
4.	Member Months	0	121,014	24,241	0	0	0	0	0	0	0	877,977	0	1,023,232	7,287	1,030,519

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	(141,771)	(713,249)	133,171
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	26,894	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	1,722	614,474	781,605	621,087
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	26,929	XXX	302,282	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Colorado		DURING THE YEAR			2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13			
		Mini-Med Plans							Student Health Plans									
		1	2	3	4	5	6	7		8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group			Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																		
1.1 Direct premiums written		(6,994)	14,386,762	3,243,382	0	0	0	0	0	0	0	0	45,212,936	0	62,836,086			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	10,713	0	10,713			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	12,550	0	12,550			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	(1,837)	0	(1,837)			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		(6,994)	14,386,762	3,243,382	0	0	0	0	0	0	0	0	45,211,099	0	62,834,249			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	10,193	0	10,193			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(65,418)	0	(65,418)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	31,796	0	31,796			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		(6,994)	14,386,762	3,243,382	0	0	0	0	0	0	0	0	45,124,077	0	62,747,227			
2. Direct Claims Incurred:																		
2.1 Paid claims during the year		86,845	11,574,197	2,820,011	0	0	0	0	0	0	0	0	41,466,399	0	55,947,452			
2.2 Direct claim liability current year		427	1,563,353	123,409	0	0	0	0	0	0	0	0	4,671,355	0	6,358,544			
2.3 Direct claim liability prior year		40,503	2,456,310	(273,448)	0	0	0	0	0	0	0	0	3,926,375	0	6,149,740			
2.4 Direct claim reserves current year		0	569	0	0	0	0	0	0	0	0	0	1,541	0	2,110			
2.5 Direct claim reserves prior year		0	1,045	0	0	0	0	0	0	0	0	0	3,935	0	4,980			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	8,034	0	8,034			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	4,013	0	4,013			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		67,635	(140,701)	53,698	0	0	0	0	0	0	0	0	62,368	0	43,000			
2.12a Healthcare receivables current year		(2,576)	36,072	24,888	0	0	0	0	0	0	0	0	62,407	0	120,791			
2.12b Healthcare receivables prior year		(70,211)	176,773	(28,810)	0	0	0	0	0	0	0	0	39	0	77,790			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		(20,866)	10,821,465	3,163,169	0	0	0	0	0	0	0	0	42,150,637	0	56,114,406			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(37,843)	0	(37,843)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	8,283	0	8,283			
2.18 Ceded incurred claims to non-affiliates		35	0	0	0	0	0	0	0	0	0	0	(566)	0	(531)			
2.19 Other adjustments due to MLR calculation - Claims		0	0	57,754	0	0	0	0	0	0	0	0	0	0	57,754			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		(20,901)	10,821,465	3,220,923	0	0	0	0	0	0	0	0	42,121,644	0	56,143,131			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Column 13, Line 1.1 includes direct written premium of \$ 5,748,181 for stand-alone dental and \$ 1,589,670 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Colorado		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
	All Expenses		Improving Health Care Quality Expenses										Claims Adjustment Expenses		9		10	
		1	2	3	4	5	6	7	8									
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)							
1.	Individual Comprehensive Coverage Expenses:																	
	1.1 Salaries (including \$ .....(24) for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	(.221)	(.20)	(.241)							
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.49	(.52)	(.3)							
	1.3 EDP Equipment and Software (incl \$ .....1 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.10	(.1)	.9							
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0							
	1.6 Other Expenses (incl \$ .....(2) for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.53	(.77)	(.24)							
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	(.1)	(.1)	(.108)	(.150)	(.259)							
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.69	.69							
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	(.1)	(.1)	.0	(.108)	(.81)	(.190)							
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0							
2.	Small Group Comprehensive Coverage Expenses:																	
	2.1 Salaries (including \$ .....59,883 for affiliated services) .....	14,306	.600	4,367	34,099	13,038	66,411	27,869	25,730	478,816	598,826							
	2.2 Outsourced Services .....	25,132	18,313	4,873	19,448	5,514	73,280	15,822	11,435	169,824	270,361							
	2.3 EDP Equipment and Software (incl \$ .....4,465 for affiliated services) .....	1,238	53	346	2,123	1,161	4,922	2,257	2,360	35,112	44,650							
	2.4 Other Equipment (excl. EDP) (incl \$ .....111 for affiliated services) .....	.31	.1	.9	.43	.29	.113	.57	.58	.880	1,108							
	2.5 Accreditation and Certification (incl \$ .....40 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.23	.24	.358	.404							
	2.6 Other Expenses (incl \$ .....45,087 for affiliated services) .....	6,482	.272	1,956	9,568	5,919	24,197	12,834	12,497	401,344	450,873							
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	47,189	19,240	11,551	65,281	25,661	168,922	58,862	52,104	1,086,334	1,366,222							
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.35,845	.35,845							
	2.10 Total (2.7 to 2.9) .....	47,189	19,240	11,551	65,281	25,661	168,922	58,862	52,104	1,122,179	1,402,067							
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	14,864	0	0	14,864							
3.	Large Group Comprehensive Coverage Expenses:																	
	3.1 Salaries (including \$ .....21,825 for affiliated services) .....	3,658	.153	1,165	25,281	3,187	33,444	7,916	12,368	164,527	218,255							
	3.2 Outsourced Services .....	6,544	4,793	1,276	4,857	1,347	18,817	4,678	3,959	58,136	85,590							
	3.3 EDP Equipment and Software (incl \$ .....1,521 for affiliated services) .....	312	14	.87	1,011	284	1,708	.622	.821	12,054	15,205							
	3.4 Other Equipment (excl. EDP) (incl \$ .....37 for affiliated services) .....	.8	.0	.2	.12	.7	.29	.15	.20	.302	.366							
	3.5 Accreditation and Certification (incl \$ .....14 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.6	.8	.123	.137							
	3.6 Other Expenses (incl \$ .....12,110 for affiliated services) .....	1,653	.69	517	3,424	1,446	7,108	3,632	4,343	106,015	121,099							
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	12,174	5,028	3,048	34,585	6,271	61,105	16,870	21,520	341,157	440,652							
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.7,266	.7,266							
	3.10 Total (3.7 to 3.9) .....	12,174	5,028	3,048	34,585	6,271	61,105	16,870	21,520	348,423	447,918							
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	4,015	0	0	4,015							

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Connecticut		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	4,793,574	0	4,793,574	XXX	4,793,574
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	(37,849)	0	(37,849)	XXX	(37,849)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	4,755,725	0	4,755,725	XXX	4,755,725
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	29,992	0	29,992	0	29,992
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	77,910	0	77,910	0	77,910
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	3,343	0	3,343	0	3,343
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	4,644,480	0	4,644,480	XXX	4,644,480
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	4,644,480	0	4,644,480	XXX	4,644,480
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	2,895,440	0	2,895,440	XXX	2,895,440
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	530	0	530	XXX	530
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	2,895,970	0	2,895,970	XXX	2,895,970
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(9,164)	0	(9,164)	XXX	(9,164)
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	2,886,806	0	2,886,806	XXX	2,886,806
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	0	91	0	91	0	91
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	0	9	0	9	0	9
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	0	53,660	0	53,660	0	53,660
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	0	6,044	0	6,044	0	6,044
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	59,803	0	59,803	0	59,803
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	0	13,878	0	13,878	0	13,878
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	38,554	0	38,554	0	38,554
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	52,433	0	52,433	0	52,433
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.011	0.000	XXX	XXX	XXX



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:																
10.1 Direct sales salaries and benefits .....		0	0	0	0	0	0	0	0	0	0	19,137	0	19,137	0	19,137
10.2 Agents and brokers fees and commissions.....		0	0	0	0	0	0	0	0	0	0	418,138	0	418,138	0	418,138
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....		0	0	0	0	0	0	0	0	0	0	14,733	0	14,733	0	14,733
10.4 Other general and administrative expenses.....		0	0	0	0	0	0	0	0	0	0	460,372	0	460,372	0	460,372
10.4a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)		0	0	0	0	0	0	0	0	0	0	912,380	0	912,380	0	912,380
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)		0	0	0	0	0	0	0	0	0	0	733,058	0	733,058	XXX	733,058
12. Income from fees of uninsured plans		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	733,058	XXX	733,058
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1. Number of certificates/policies		0	0	0	0	0	0	0	0	0	0	6,240	0	6,240	0	6,240
2. Number of Covered Lives		0	0	0	0	0	0	0	0	0	0	8,397	0	8,397	0	8,397
3. Number of Groups		XXX	0	0	XXX	0	0	0	0	0	0	138	0	138	0	138
4. Member Months		0	0	0	0	0	0	0	0	0	0	105,764	0	105,764	0	105,764

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Connecticut		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13		
		Mini-Med Plans															
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	4,790,249	0	4,790,249			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	28,980	0	28,980			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	25,655	0	25,655			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	3,326	0	3,326			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	4,793,574	0	4,793,574			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	4,793,574	0	4,793,574			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	2,952,801	0	2,952,801			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	317,268	0	317,268			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	370,613	0	370,613			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	3,485	0	3,485			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	3,393	0	3,393			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	(92)	0	(92)			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	2,895,970	0	2,895,970			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	354,197	0	354,197			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(352,513)	0	(352,513)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	10,848	0	10,848			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	2,886,806	0	2,886,806			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 1,498,615 for stand-alone dental and \$ 310,072 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Connecticut		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9		10		
				1	2	3	4	5	6	7	8					
				Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses		Total Expenses (6 to 9)		
1.	Individual Comprehensive Coverage Expenses:															
	1.1 Salaries (including \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	1.2 Outsourced Services .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0		XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0		.0		
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0		.0		
	1.10 Total (1.7 to 1.9) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0		0	0	0	0	0	0	0	0	0		0		
2.	Small Group Comprehensive Coverage Expenses:															
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	2.2 Outsourced Services .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0		XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0		.0		
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0		.0		
	2.10 Total (2.7 to 2.9) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0		0	0	0	0	0	0	0	0	0		0		
3.	Large Group Comprehensive Coverage Expenses:															
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	3.2 Outsourced Services .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0		XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0		.0		
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0		.0		
	3.10 Total (3.7 to 3.9) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0		.0		
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0		0	0	0	0	0	0	0	0	0		0		

216-4.CT

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Delaware		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15	
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7	8								
																	Individual
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	4,542,589	0	4,542,589	XXX	4,542,589	
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	4,542,589	0	4,542,589	XXX	4,542,589	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	11,523	0	11,523	0	11,523	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	86,465	0	86,465	0	86,465	
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	6,131	0	6,131	0	6,131	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	4,438,470	0	4,438,470	XXX	4,438,470	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	4,438,470	0	4,438,470	XXX	4,438,470	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	2,842,438	0	2,842,438	XXX	2,842,438	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	250	0	250	XXX	250	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	(6)	0	(6)	XXX	(6)	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	2,842,694	0	2,842,694	XXX	2,842,694	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	2,842,694	0	2,842,694	XXX	2,842,694	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	192	0	192	0	192	
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	1	0	1	0	1	
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	22,837	0	22,837	0	22,837	
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	6,524	0	6,524	0	6,524	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	29,554	0	29,554	0	29,554	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	11,736	0	11,736	0	11,736	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	43,305	0	43,305	0	43,305	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	55,042	0	55,042	0	55,042	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.012	0.000	XXX	XXX	XXX	

216-1.DE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:																
10.1 Direct sales salaries and benefits .....		0	0	0	0	0	0	0	0	0	0	16,112	0	16,112	0	16,112
10.2 Agents and brokers fees and commissions.....		0	0	0	0	0	0	0	0	0	0	471,140	0	471,140	0	471,140
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....		0	0	0	0	0	0	0	0	0	0	9,445	0	9,445	0	9,445
10.4 Other general and administrative expenses.....		0	0	0	0	0	0	0	0	0	0	170,035	0	170,035	0	170,035
10.4a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)		0	0	0	0	0	0	0	0	0	0	666,731	0	666,731	0	666,731
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)		0	0	0	0	0	0	0	0	0	0	844,448	0	844,448	XXX	844,448
12. Income from fees of uninsured plans		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	844,448	XXX	844,448
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1. Number of certificates/policies		0	0	0	0	0	0	0	0	0	0	5,406	0	5,406	0	5,406
2. Number of Covered Lives		0	0	0	0	0	0	0	0	0	0	5,628	0	5,628	0	5,628
3. Number of Groups		XXX	0	0	XXX	0	0	0	0	0	0	1	0	1	0	1
4. Member Months		0	0	0	0	0	0	0	0	0	0	69,872	0	69,872	0	69,872

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Delaware		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9	10	11	12	13			
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	4,543,193	0	4,543,193			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	14,848	0	14,848			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	15,452	0	15,452			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(604)	0	(604)			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	4,542,589	0	4,542,589			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	4,542,589	0	4,542,589			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	2,863,000	0	2,863,000			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	287,270	0	287,270			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	285,480	0	285,480			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	22,095	0	22,095			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	22,141	0	22,141			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	46	0	46			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	2,842,694	0	2,842,694			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	2,842,694	0	2,842,694			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 977,364 for stand-alone dental and \$ 101,329 for stand-alone vision policies.

216-3-DE



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Delaware	DURING THE YEAR		2018	(LOCATION)		NAIC Company Code	73288
	All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses				
		1	2	3	4	5	6	7	8	9	10	
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:											
	1.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	1.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	0	0	0	0	0	0	0	0	0	0	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
	1.10 Total (1.7 to 1.9) .....	0	0	0	0	0	0	0	0	0	0	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0	
2.	Small Group Comprehensive Coverage Expenses:											
	2.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	2.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	0	0	0	0	0	0	0	0	0	0	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
	2.10 Total (2.7 to 2.9) .....	0	0	0	0	0	0	0	0	0	0	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0	
3.	Large Group Comprehensive Coverage Expenses:											
	3.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	3.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	0	0	0	0	0	0	0	0	0	0	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
	3.10 Total (3.7 to 3.9) .....	0	0	0	0	0	0	0	0	0	0	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0	

216-4.DE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		District of Columbia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288									
		Comprehensive Health Coverage			Business Subject to MLR			Mini-Med Plans		Expatriate Plans		9		10		11		12		13		14		15	
		1	2	3	4	5	6	7	8	Student Health Plans		Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group																
1. Premium:																									
1.1 Health premiums earned (From Part 2, Line 1.11) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.2 Federal high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 State high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.5 Federal taxes and federal assessments .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6a Community Benefit Expenditures (informational only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.7 Regulatory authority licenses and fees .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.10 Other Adjustments due to MLR calculations - Premiums .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.11 Risk Revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Claims:																									
2.1 Incurred claims excluding prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Pharmaceutical rebates .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Net Assumed less Ceded reinsurance claims incurred .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Other Adjustments due to MLR calculations - Claims .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.3 Rebates paid .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.4 Estimated rebates unpaid prior year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.5 Estimated rebates unpaid current year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.6 Fee for service and co-pay revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Improving Health Care Quality Expenses Incurred:																									
6.1 Improve health outcomes .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.2 Activities to prevent hospital readmissions .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.3 Improve patient safety and reduce medical errors .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.4 Wellness and health promotion activities .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.5 Health Information Technology expenses related to health improvement .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
8. Claims Adjustment Expenses:																									
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.2 All other claims adjustment expenses .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....14,921	.....0	.....14,921	.....0	.....14,921
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....188,298	.....0	.....188,298	.....0	.....188,298
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....8,942	.....0	.....8,942	.....0	.....8,942
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....230,273	.....0	.....230,273	.....0	.....230,273
	10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	442,434	0	442,434	0	442,434
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	249,463	0	249,463	XXX	249,463
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	249,463	XXX	249,463
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	4,385	0	4,385	0	4,385
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	7,290	0	7,290	0	7,290
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	144	0	144	0	144
4.	Member Months	0	0	0	0	0	0	0	0	0	0	84,337	0	84,337	0	84,337

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		District of Columbia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12		13	
					Mini-Med Plans														
		1	2	3	4	5	6	7	8	9									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)		Other Health Business		Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		Total (a)		
1. Health Premiums Earned:																			
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	2,472,956	0	0	0	2,472,956		
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	5,962	0	0	0	5,962		
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	6,270	0	0	0	6,270		
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	(308)	0	0	0	(308)		
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	2,472,648	0	0	0	2,472,648		
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	106	0	0	0	106		
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(106)	0	0	0	(106)		
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	2,472,648	0	0	0	2,472,648		
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	1,579,741	0	0	0	1,579,741		
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	192,371	0	0	0	192,371		
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	174,788	0	0	0	174,788		
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	156,884	0	0	0	156,884		
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	181,193	0	0	0	181,193		
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	84	0	0	0	84		
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	114	0	0	0	114		
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	30	0	0	0	30		
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	1,572,932	0	0	0	1,572,932		
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(4,315)	0	0	0	(4,315)		
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(899)	0	0	0	(899)		
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(31,542)	0	0	0	(31,542)		
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	1,599,260	0	0	0	1,599,260		
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

(a) Column 13, Line 1.1 includes direct written premium of \$ 2,107,544 for stand-alone dental and \$ 63,301 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		District of Columbia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
	All Expenses		Improving Health Care Quality Expenses										Claims Adjustment Expenses		9		10	
		1	2	3	4	5	6	7	8	9	10							
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)							
1.	Individual Comprehensive Coverage Expenses:																	
	1.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0							
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0							
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0							
2.	Small Group Comprehensive Coverage Expenses:																	
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0							
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0							
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0							
3.	Large Group Comprehensive Coverage Expenses:																	
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0							
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0							
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0							

216-4.DC

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Florida		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
		Business Subject to MLR																	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12			
		1	2	3	4	5	6	7	8	Student Health Plans		Government Business (excluded by statute)	Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 through 12)	14 Uninsured Plans	15 Total 13 + 14		
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group										
1. Premium:																			
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	124,732,732	0	124,732,732	XXX	124,732,732		
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0		
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0		
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	124,732,732	0	124,732,732	XXX	124,732,732		
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	3,854,898	0	3,854,898	(186,763)	3,668,135		
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	1,044,314	0	1,044,314	(28,137)	1,016,177		
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	183,052	0	183,052	3,541	186,593		
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	119,650,468	0	119,650,468	XXX	119,861,827		
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(163,761)	0	(163,761)	XXX	(163,761)		
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0		
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0		
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	119,486,706	0	119,486,706	XXX	119,698,065		
2. Claims:																			
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	87,695,802	0	87,695,802	XXX	87,695,802		
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0		
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	(1)	0	(1)	XXX	(1)		
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0		
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0		
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	87,695,802	0	87,695,802	XXX	87,695,802		
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(66,770)	0	(66,770)	XXX	(66,770)		
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0		
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0		
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0		
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0		
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0		
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	87,629,033	0	87,629,033	XXX	87,629,033		
6. Improving Health Care Quality Expenses Incurred:																			
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	0	17,431	0	17,431	10,612	28,043		
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	13	0	13	495	507		
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	0	1,393	0	1,393	3,602	4,995		
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	0	354,873	0	354,873	77,902	432,775		
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	0	180,508	0	180,508	11,411	191,919		
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	554,217	0	554,217	104,022	658,239		
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX		
8. Claims Adjustment Expenses:																			
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	0	859,642	0	859,642	52,023	911,665		
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	872,400	0	872,400	51,898	924,298		
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	1,732,042	0	1,732,042	103,921	1,835,963		
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.014	0.000	XXX	XXX	XXX		

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,215,980	.....0	.....1,215,980	.....50,120	.....1,266,101
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....9,939,758	.....0	.....9,939,758	.....363,459	.....10,303,217
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....703,997	.....0	.....703,997	.....16,623	.....720,619
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....10,906,719	.....0	.....10,906,719	.....481,236	.....11,387,955
	10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	22,766,455	0	22,766,455	911,437	23,677,892
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	6,804,960	0	6,804,960	XXX	5,896,939
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,153,152	1,153,152
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,804,960	XXX	7,050,091
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	429,123	0	429,123	1,929	431,052
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	741,389	0	741,389	2,537	743,926
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	11,547	0	11,547	106	11,653
4.	Member Months	0	0	0	0	0	0	0	0	0	0	8,642,163	0	8,642,163	17,308	8,659,471

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Florida		DURING THE YEAR			2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13			
		1	2	3	4	5	6	7	8	9								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)				
1. Health Premiums Earned:																		
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	124,784,782	0	124,784,782				
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	460,414	0	460,414				
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	512,464	0	512,464				
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(52,050)	0	(52,050)				
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	124,732,732	0	124,732,732				
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	(4,940)	0	(4,940)				
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(76,456)	0	(76,456)				
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	82,365	0	82,365				
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	124,568,970	0	124,568,970				
2. Direct Claims Incurred:																		
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	85,400,198	0	85,400,198				
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	8,471,803	0	8,471,803				
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	6,137,688	0	6,137,688				
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	99,504	0	99,504				
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	126,281	0	126,281				
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	(1,386)	0	(1,386)				
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	1,082	0	1,082				
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	9,265	0	9,265				
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	9,348	0	9,348				
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	84	0	84				
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	87,695,802	0	87,695,802				
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	(114,535)	0	(114,535)				
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(1,489)	0	(1,489)				
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	(49,254)	0	(49,254)				
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	87,629,033	0	87,629,033				
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0				

(a) Column 13, Line 1.1 includes direct written premium of \$ 88,062,957 for stand-alone dental and \$ 30,927,417 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Florida		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		All Expenses				Improving Health Care Quality Expenses				Claims Adjustment Expenses							
				1		2		3		4		5		6		7	
				Improve Health Outcomes		Activities to Prevent Hospital Readmissions		Improve Patient Safety and Reduce Medical Errors		Wellness & Health Promotion Activities		HIT Expenses		Total (1 to 5)		Cost Containment Expenses	
																8	
																Other Claims Adjustment Expenses	
																9	
																General Administrative Expenses	
																10	
																Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:																
	1.1 Salaries (including \$ .....0 for affiliated services) .....																
	1.2 Outsourced Services .....																
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....					XXX		XXX		XXX		XXX					
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....																
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....					XXX		XXX		XXX		XXX		XXX		XXX	
	1.10 Total (1.7 to 1.9) .....																
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....					0		0		0		0		0		0	
2.	Small Group Comprehensive Coverage Expenses:																
	2.1 Salaries (including \$ .....0 for affiliated services) .....																
	2.2 Outsourced Services .....																
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....							XXX		XXX		XXX					
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....																
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....					XXX		XXX		XXX		XXX		XXX		XXX	
	2.10 Total (2.7 to 2.9) .....																
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....					0		0		0		0		0		0	
3.	Large Group Comprehensive Coverage Expenses:																
	3.1 Salaries (including \$ .....0 for affiliated services) .....																
	3.2 Outsourced Services .....																
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....							XXX		XXX		XXX					
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....																
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....					XXX		XXX		XXX		XXX		XXX		XXX	
	3.10 Total (3.7 to 3.9) .....																
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....					0		0		0		0		0		0	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0





SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Georgia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
		Business Subject to MLR																	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12			
		1	2	3	4	5	6	7	8	Student Health Plans		Government Business (excluded by statute)	Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 through 12)	14 Uninsured Plans	15 Total 13 + 14		
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group										
1. Premium:																			
1.1	Health premiums earned (From Part 2, Line 1.11) .....	.2	90,279,199	42,806,501	.0	.0	.0	.0	.0	.0	.0	.0	108,875,623	.0	241,961,325	XXX	241,961,325		
1.2	Federal high risk pools .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0		
1.3	State high risk pools .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0		
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....	.2	90,279,199	42,806,501	.0	.0	.0	.0	.0	.0	.0	.0	108,875,623	.0	241,961,325	XXX	241,961,325		
1.5	Federal taxes and federal assessments .....	(68,417)	5,090,550	760,642	.0	.0	.0	.0	.0	.0	.0	.0	2,567,724	.0	8,350,499	(48,680)	8,301,819		
1.6	State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....	(10,428)	2,253,585	750,141	.0	.0	.0	.0	.0	.0	.0	.0	2,283,741	.0	5,277,039	(7,339)	5,269,701		
1.6a	Community Benefit Expenditures (informational only) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		
1.7	Regulatory authority licenses and fees .....	.0	57,787	21,569	.0	.0	.0	.0	.0	.0	.0	.0	148,348	.0	227,704	865	228,569		
1.8	Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....	78,846	82,877,277	41,274,149	.0	.0	.0	.0	.0	.0	.0	.0	103,875,809	.0	228,106,082	XXX	228,161,236		
1.9	Net Assumed less Ceded reinsurance premiums earned .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(310,843)	.0	(310,843)	XXX	(310,843)		
1.10	Other Adjustments due to MLR calculations - Premiums .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0		
1.11	Risk Revenue .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0		
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....	78,846	82,877,277	41,274,149	0	0	0	0	0	0	0	0	103,564,967	0	227,795,239	XXX	227,850,393		
2. Claims:																			
2.1	Incurred claims excluding prescription drugs .....	354,538	58,887,255	41,357,499	.0	.0	.0	.0	.0	.0	.0	.0	79,553,430	.0	180,152,721	XXX	180,152,721		
2.2	Prescription drugs .....	(1,677)	1,333,670	260,069	.0	.0	.0	.0	.0	.0	.0	.0	(44)	.0	1,592,019	XXX	1,592,019		
2.3	Pharmaceutical rebates .....	180	250,852	63,404	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	314,436	XXX	314,436		
2.4	State stop loss, market stabilization and claim/census based assessments (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0		
3.	Incurred medical incentive pools and bonuses .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0		
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		352,681	59,970,074	41,554,164	.0	.0	.0	.0	.0	.0	.0	.0	79,553,386	.0	181,430,304	XXX	181,430,304		
5.1	Net Assumed less Ceded reinsurance claims incurred .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(157,375)	.0	(157,375)	XXX	(157,375)		
5.2	Other Adjustments due to MLR calculations - Claims .....	.0	(1,332,963)	18	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(1,332,945)	XXX	(1,332,945)		
5.3	Rebates paid .....	.0	425,965	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	425,965	XXX	425,965		
5.4	Estimated rebates unpaid prior year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	XXX	.0		
5.5	Estimated rebates unpaid current year .....	.0	906,998	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	906,998	XXX	906,998		
5.6	Fee for service and co-pay revenue .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0		
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....	352,681	59,970,074	41,554,182	0	0	0	0	0	0	0	0	79,396,011	0	181,272,948	XXX	181,272,948		
6. Improving Health Care Quality Expenses Incurred:																			
6.1	Improve health outcomes .....	.0	284,231	157,108	.0	.0	.0	.0	.0	.0	.0	.0	6,233	.0	447,572	2,557	450,129		
6.2	Activities to prevent hospital readmissions .....	.0	118,342	66,150	.0	.0	.0	.0	.0	.0	.0	.0	4	.0	184,496	116	184,612		
6.3	Improve patient safety and reduce medical errors .....	.0	67,173	36,476	.0	.0	.0	.0	.0	.0	.0	.0	433	.0	104,082	827	104,909		
6.4	Wellness and health promotion activities .....	.0	336,308	184,178	.0	.0	.0	.0	.0	.0	.0	.0	305,277	.0	825,763	14,071	839,835		
6.5	Health Information Technology expenses related to health improvement .....	.0	155,067	84,156	.0	.0	.0	.0	.0	.0	.0	.0	159,389	.0	398,612	2,855	401,467		
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....	0	961,121	528,068	0	0	0	0	0	0	0	0	471,336	0	1,960,525	20,426	1,980,951		
7.	Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....	4.473	0.735	1.020	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX		
8. Claims Adjustment Expenses:																			
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6 .....	.0	341,447	186,251	.0	.0	.0	.0	.0	.0	.0	.0	356,250	.0	883,948	14,734	898,682		
8.2	All other claims adjustment expenses .....	(6,812)	280,957	126,412	.0	.0	.0	.0	.0	.0	.0	.0	491,125	.0	891,682	11,646	903,327		
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2) .....	(6,812)	622,404	312,663	0	0	0	0	0	0	0	0	847,375	0	1,775,630	26,380	1,802,010		
9.	Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....	(0.086)	0.008	0.008	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.008	0.000	XXX	XXX	XXX		



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR								10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group							
10.	General and Administrative (G&A) Expenses:														
	10.1 Direct sales salaries and benefits .....	0	259,968	156,973	0	0	0	0	0	0	624,445	0	1,041,386	12,427	1,053,813
	10.2 Agents and brokers fees and commissions.....	0	208,765	(411,183)	0	0	0	0	0	0	6,690,017	0	6,487,600	111,945	6,599,545
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	(1,980)	267,678	74,798	0	0	0	0	0	0	369,200	0	709,697	4,256	713,953
	10.4 Other general and administrative expenses.....	(2)	5,019,751	2,785,359	0	0	0	0	0	0	5,135,118	0	12,940,226	115,853	13,056,079
	10.4a Community Benefit Expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	(1,982)	5,756,162	2,605,948	0	0	0	0	0	0	12,818,780	0	21,178,908	244,481	21,423,389
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(265,041)	15,567,516	(3,726,710)	0	0	0	0	0	0	10,031,464	0	21,607,229	XXX	21,371,095
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	339,859	339,859
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,607,229	21,710,954
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1.	Number of certificates/policies	0	51,699	28,082	0	0	0	0	0	0	182,970	0	262,751	291	263,042
2.	Number of Covered Lives	0	86,761	44,830	0	0	0	0	0	0	302,895	0	434,486	508	434,994
3.	Number of Groups	XXX	178	19	XXX	0	0	0	0	0	17,299	0	17,496	28	17,524
4.	Member Months	3	1,116,320	577,202	0	0	0	0	0	0	3,328,651	0	5,022,176	4,267	5,026,443

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	53,617	157,498	(62,445)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	2	504,230	(131,961)	603,834
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	159,738	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

										(LOCATION)							
NAIC Group Code		0119		BUSINESS IN THE STATE OF		Georgia		DURING THE YEAR		2018		NAIC Company Code		73288			
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9	10	11	12	13			
		1			Mini-Med Plans			7									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans				Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written	2	90,279,199	42,806,501	0	0	0	0	0	0	0	0	108,898,193	0	241,983,894			
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	70,190	0	70,190			
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	92,759	0	92,759			
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	(22,569)	0	(22,569)			
1.5 Paid rate credits	0	425,965	0	0	0	0	0	0	0	0	0	0	0	425,965			
1.6 Reserve for rate credits current year	0	906,998	0	0	0	0	0	0	0	0	0	0	0	906,998			
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	906,998	0	0	0	0	0	0	0	0	0	0	0	906,998			
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	2	90,279,199	42,806,501	0	0	0	0	0	0	0	0	108,875,623	0	241,961,325			
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	13,304	0	13,304			
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	(245,320)	0	(245,320)			
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	78,827	0	78,827			
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	2	88,946,236	42,806,501	0	0	0	0	0	0	0	0	108,564,781	0	240,317,519			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year	1,064,874	58,724,938	41,470,297	0	0	0	0	0	0	0	0	72,579,113	0	173,839,222			
2.2 Direct claim liability current year	27,781	6,162,017	4,331,797	0	0	0	0	0	0	0	0	11,714,597	0	22,236,192			
2.3 Direct claim liability prior year	741,190	6,125,707	4,226,829	0	0	0	0	0	0	0	0	5,887,447	0	16,981,173			
2.4 Direct claim reserves current year	0	33,106	4	0	0	0	0	0	0	0	0	39,425	0	72,535			
2.5 Direct claim reserves prior year	0	27,006	0	0	0	0	0	0	0	0	0	49,650	0	76,657			
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	6,518,492	0	6,518,492			
2.7 Direct contract reserves prior year	1	0	0	0	0	0	0	0	0	0	0	5,221,299	0	5,221,301			
2.8 Paid rate credits	0	425,965	0	0	0	0	0	0	0	0	0	0	0	425,965			
2.9 Reserve for rate credits current year	0	906,998	0	0	0	0	0	0	0	0	0	0	0	906,998			
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	(1,216)	130,237	21,105	0	0	0	0	0	0	0	0	139,844	0	289,970			
2.12a Healthcare receivables current year	3,565	281,550	49,478	0	0	0	0	0	0	0	0	139,443	0	474,034			
2.12b Healthcare receivables prior year	4,780	151,312	28,373	0	0	0	0	0	0	0	0	(401)	0	184,064			
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	352,681	59,970,074	41,554,164	0	0	0	0	0	0	0	0	79,553,386	0	181,430,304			
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	182,903	0	182,903			
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	(109,369)	0	(109,369)			
2.18 Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	230,909	0	230,909			
2.19 Other adjustments due to MLR calculation - Claims	0	0	18	0	0	0	0	0	0	0	0	0	0	18			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	352,681	58,637,111	41,554,182	0	0	0	0	0	0	0	0	79,396,011	0	179,939,985			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 35,224,188 for stand-alone dental and \$ 9,027,706 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Georgia		DURING THE YEAR		2018	(LOCATION)		NAIC Company Code	73288
		All Expenses				Improving Health Care Quality Expenses		Claims Adjustment Expenses					
		1	2	3	4	5	6	7	8	9	10		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)		
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ .....(681) for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	(6,808)	(5)	(6,813)		
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	(2)	.1	.0		
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0		
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	(1)	.1	.0		
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	(6,812)	(2)	(6,814)		
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,980)	(1,980)		
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	(6,812)	(1,982)	(8,793)		
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0		
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ .....351,250 for affiliated services) .....	.84,771	.3,636	.24,627	.149,395	.78,774	.341,203	.159,425	.125,372	.2,886,498	.3,512,498		
	2.2 Outsourced Services .....	.153,352	.112,725	.29,298	.120,967	.33,321	.449,662	.94,191	.67,729	.1,027,863	.1,639,445		
	2.3 EDP Equipment and Software (incl \$ .....26,822 for affiliated services) .....	.7,448	.322	.2,082	.11,227	.7,005	.28,084	.13,605	.14,109	.212,423	.268,221		
	2.4 Other Equipment (excl. EDP) (incl \$ .....670 for affiliated services) .....	.187	.8	.52	.259	.176	.681	.341	.352	.5,322	.6,695		
	2.5 Accreditation and Certification (incl \$ .....244 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.139	.143	.2,161	.2,443		
	2.6 Other Expenses (incl \$ .....164,271 for affiliated services) .....	.38,473	.1,651	.11,115	.54,460	.35,793	.141,492	.73,747	.73,251	.1,354,216	.1,642,706		
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.284,231	.118,342	.67,173	.336,308	.155,067	.961,121	.341,447	.280,957	.5,488,484	.7,072,009		
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.267,678	.267,678		
	2.10 Total (2.7 to 2.9) .....	.284,231	.118,342	.67,173	.336,308	.155,067	.961,121	.341,447	.280,957	.5,756,162	.7,339,687		
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	.89,604	0	0	.89,604		
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ .....191,512 for affiliated services) .....	.46,421	.2,005	.13,154	.78,807	.42,769	.183,156	.88,037	.32,994	.1,610,933	.1,915,120		
	3.2 Outsourced Services .....	.85,394	.63,062	.16,193	.70,745	.18,088	.253,482	.49,504	.40,743	.573,027	.916,755		
	3.3 EDP Equipment and Software (incl \$ .....15,015 for affiliated services) .....	.4,110	.178	.1,148	.5,902	.3,803	.15,141	.7,709	.8,534	.118,767	.150,151		
	3.4 Other Equipment (excl. EDP) (incl \$ .....374 for affiliated services) .....	.103	.4	.29	.136	.93	.364	.193	.213	.2,974	.3,744		
	3.5 Accreditation and Certification (incl \$ .....137 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.78	.87	.1,208	.1,372		
	3.6 Other Expenses (incl \$ .....38,474 for affiliated services) .....	.21,081	.902	.5,952	.28,588	.19,403	.75,925	.40,731	.43,840	.224,241	.384,738		
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.157,108	.66,150	.36,476	.184,178	.84,156	.528,068	.186,251	.126,412	.2,531,150	.3,371,880		
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.74,798	.74,798		
	3.10 Total (3.7 to 3.9) .....	.157,108	.66,150	.36,476	.184,178	.84,156	.528,068	.186,251	.126,412	.2,605,948	.3,446,678		
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	.50,443	0	0	.50,443		

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

REPORT FOR: 1. CORPORATION (To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
Humana Insurance Company 2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Hawaii		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288														
		Business Subject to MLR																												
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9			10			11			12			13			14			15		
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14														
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group																					
1. Premium:																														
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	2,187,071	0	2,187,071	XXX	2,187,071												
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0												
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0												
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	2,187,071	0	2,187,071	XXX	2,187,071												
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	(180,758)	0	(180,758)	0	(180,758)												
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....)		0	0	0	0	0	0	0	0	0	0	0	0	61,872	0	61,872	0	61,872												
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0												
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	3,411	0	3,411	0	3,411												
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	2,302,547	0	2,302,547	XXX	2,302,547												
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0												
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0												
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0												
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	2,302,547	0	2,302,547	XXX	2,302,547												
2. Claims:																														
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	2,509,443	0	2,509,443	XXX	2,509,443												
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0												
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0												
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0												
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0												
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0												
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	2,509,443	0	2,509,443	XXX	2,509,443												
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0												
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0												
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	XXX	0												
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	XXX	0												
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	XXX	0												
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0												
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	2,509,443	0	2,509,443	XXX	2,509,443												
6. Improving Health Care Quality Expenses Incurred:																														
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	0	0	10	0	10	0	10												
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0												
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0												
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	0	0	35,350	0	35,350	0	35,350												
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	0	0	2,923	0	2,923	0	2,923												
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	38,283	0	38,283	0	38,283												
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX												
8. Claims Adjustment Expenses:																														
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	0	0	3,401	0	3,401	0	3,401												
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	24,332	0	24,332	0	24,332												
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	27,733	0	27,733	0	27,733												
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.012	0.000	XXX	XXX	XXX												

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:																
10.1 Direct sales salaries and benefits .....		0	0	0	0	0	0	0	0	0	0	4,670	0	4,670	0	4,670
10.2 Agents and brokers fees and commissions.....		0	0	0	0	0	0	0	0	0	0	193,800	0	193,800	0	193,800
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....		0	0	0	0	0	0	0	0	0	0	(29,906)	0	(29,906)	0	(29,906)
10.4 Other general and administrative expenses.....		0	0	0	0	0	0	0	0	0	0	(182,321)	0	(182,321)	0	(182,321)
10.4a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)		0	0	0	0	0	0	0	0	0	0	(13,757)	0	(13,757)	0	(13,757)
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)		0	0	0	0	0	0	0	0	0	0	(259,154)	0	(259,154)	XXX	(259,154)
12. Income from fees of uninsured plans		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(259,154)	XXX	(259,154)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1. Number of certificates/policies		0	0	0	0	0	0	0	0	0	0	1,266	0	1,266	0	1,266
2. Number of Covered Lives		0	0	0	0	0	0	0	0	0	0	1,266	0	1,266	0	1,266
3. Number of Groups		XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member Months		0	0	0	0	0	0	0	0	0	0	15,179	0	15,179	0	15,179

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Hawaii		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR									10	11	12	13			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	2,187,071	0	2,187,071			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	2,187,071	0	2,187,071			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	2,187,071	0	2,187,071			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	2,524,103	0	2,524,103			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	292,703	0	292,703			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	303,917	0	303,917			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	3,446	0	3,446			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	3,446	0	3,446			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	2,509,443	0	2,509,443			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	2,509,443	0	2,509,443			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 0 for stand-alone dental and \$ 0 for stand-alone vision policies.



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Hawaii		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
	All Expenses		Improving Health Care Quality Expenses										Claims Adjustment Expenses		9		10	
		1	2	3	4	5	6	7	8	9	10							
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)							
1.	Individual Comprehensive Coverage Expenses:																	
	1.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0							
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	.XXX	XXX	XXX	XXX	XXX	.XXX	.XXX	.XXX	.0	.0							
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0							
2.	Small Group Comprehensive Coverage Expenses:																	
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0							
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	.XXX	XXX	XXX	XXX	XXX	.XXX	.XXX	.XXX	.0	.0							
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0							
3.	Large Group Comprehensive Coverage Expenses:																	
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0							
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	.XXX	XXX	XXX	XXX	XXX	.XXX	.XXX	.XXX	.0	.0							
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0							

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Idaho		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1	Health premiums earned (From Part 2, Line 1.11)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.2	Federal high risk pools	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3	State high risk pools	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.5	Federal taxes and federal assessments	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6	State insurance, premium and other taxes (Similar local taxes of \$ )	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6a	Community Benefit Expenditures (informational only)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.7	Regulatory authority licenses and fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.8	Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.9	Net Assumed less Ceded reinsurance premiums earned	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.10	Other Adjustments due to MLR calculations - Premiums	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.11	Risk Revenue	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Claims:																	
2.1	Incurred claims excluding prescription drugs	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2	Prescription drugs	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3	Pharmaceutical rebates	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4	State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred medical incentive pools and bonuses		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1	Net Assumed less Ceded reinsurance claims incurred	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2	Other Adjustments due to MLR calculations - Claims	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.3	Rebates paid	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.4	Estimated rebates unpaid prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.5	Estimated rebates unpaid current year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.6	Fee for service and co-pay revenue	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Improving Health Care Quality Expenses Incurred:																	
6.1	Improve health outcomes	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.2	Activities to prevent hospital readmissions	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.3	Improve patient safety and reduce medical errors	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.4	Wellness and health promotion activities	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.5	Health Information Technology expenses related to health improvement	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8)		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	XXX
8. Claims Adjustment Expenses:																	
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.2	All other claims adjustment expenses	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.012	0.000	XXX	XXX	XXX	XXX

216-1.ID

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	0	0	0	0	0	0	0	0	0	0	13,035	0	13,035	0	13,035
10.2 Agents and brokers fees and commissions.....	0	0	0	0	0	0	0	0	0	0	223,820	0	223,820	0	223,820
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	0	0	0	0	0	0	0	0	0	0	50,909	0	50,909	0	50,909
10.4 Other general and administrative expenses.....	0	0	0	0	0	0	0	0	0	0	(1,266,352)	0	(1,266,352)	0	(1,266,352)
10.4a Community Benefit Expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	(978,588)	0	(978,588)	0	(978,588)
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	1,311,397	0	1,311,397	XXX	1,311,397
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,311,397	XXX	1,311,397
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	1,653	0	1,653	0	1,653
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	1,738	0	1,738	0	1,738
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member Months	0	0	0	0	0	0	0	0	0	0	20,842	0	20,842	0	20,842

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

## SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code	0119	BUSINESS IN THE STATE OF		Idaho	DURING THE YEAR						2018	(LOCATION)		NAIC Company Code	73288			
					Business Subject to MLR					9	10	11	12	13				
					Comprehensive Health Coverage			Mini-Med Plans							Expatriate Plans:			
					1	2	3	4	5						6	7	8	
					Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)	
1. Health Premiums Earned:																		
1.1 Direct premiums written					.0	0	0	.0	0	0	.0	0	.0	.0	2,604,496	.0	2,604,496	
1.2 Unearned premium prior year					.0	0	0	.0	0	0	.0	0	.0	.0	1,413	.0	1,413	
1.3 Unearned premium current year					.0	0	0	.0	0	0	.0	0	.0	.0	1,752	.0	1,752	
1.4 Change in unearned premium (Lines 1.2 - 1.3)					.0	0	0	.0	0	0	.0	0	.0	.0	(338)	.0	(338)	
1.5 Paid rate credits					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
1.6 Reserve for rate credits current year					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
1.7 Reserve for rate credits prior year					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
1.9 Premium balances written off					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
1.10 Group conversion charge					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)					.0	0	0	.0	0	0	.0	0	.0	.0	2,604,158	.0	2,604,158	
1.12 Assumed premiums earned from non-affiliates					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
1.13 Net Assumed less Ceded premiums earned from affiliates					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
1.14 Ceded premiums earned to non-affiliates					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
1.15 Other Adjustments due to MLR calculation - Premiums					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)					.0	0	0	.0	0	0	.0	0	.0	.0	2,604,158	.0	2,604,158	
2. Direct Claims Incurred:																		
2.1 Paid claims during the year					.0	0	0	.0	0	0	.0	0	.0	.0	1,729,403	.0	1,729,403	
2.2 Direct claim liability current year					.0	0	0	.0	0	0	.0	0	.0	.0	234,768	.0	234,768	
2.3 Direct claim liability prior year					.0	0	0	.0	0	0	.0	0	.0	.0	216,923	.0	216,923	
2.4 Direct claim reserves current year					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.5 Direct claim reserves prior year					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.6 Direct contract reserves current year					.0	0	0	.0	0	0	.0	0	.0	.0	696,417	.0	696,417	
2.7 Direct contract reserves prior year					.0	0	0	.0	0	0	.0	0	.0	.0	558,339	.0	558,339	
2.8 Paid rate credits					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.9 Reserve for rate credits current year					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.10 Reserve for rate credits prior year					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.11a Paid medical incentive pools and bonuses current year					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.11b Accrued medical incentive pools and bonuses current year					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.11c Accrued medical incentive pools and bonuses prior year					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)					.0	0	0	.0	0	0	.0	0	.0	.0	10,812	.0	10,812	
2.12a Healthcare receivables current year					.0	0	0	.0	0	0	.0	0	.0	.0	10,843	.0	10,843	
2.12b Healthcare receivables prior year					.0	0	0	.0	0	0	.0	0	.0	.0	31	.0	31	
2.13 Group conversion charge					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.14 Multi-option coverage blended rate adjustment					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)					.0	0	0	.0	0	0	.0	0	.0	.0	1,874,514	.0	1,874,514	
2.16 Assumed incurred claims from non-affiliates					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.17 Net assumed less ceded incurred claims from affiliates					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.18 Ceded incurred claims to non-affiliates					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.19 Other adjustments due to MLR calculation - Claims					.0	0	0	.0	0	0	.0	0	.0	.0	0	.0	0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)					.0	0	0	.0	0	0	.0	0	.0	.0	1,874,514	.0	1,874,514	
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)					0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of \$ .....0 for stand-alone dental and \$ .....85,244 for stand-alone vision policies.

216-3.ID

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Idaho		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses							
		1	2	3	4	5	6	7	8	9	10						
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)						
1.	Individual Comprehensive Coverage Expenses:																
	1.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0						
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0						
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0						
2.	Small Group Comprehensive Coverage Expenses:																
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0						
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0						
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0						
3.	Large Group Comprehensive Coverage Expenses:																
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0						
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0						
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0						

216-4.ID

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	0	307,191	321,202	0	0	0	0	0	0	0	232,411	0	860,803	1,185,539	2,046,342
	10.2 Agents and brokers fees and commissions.....	(12,060)	3,583,340	3,555,363	0	0	0	0	0	0	0	2,516,411	0	9,643,053	211,363	9,854,416
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	6,253	260,303	187,776	0	0	0	0	0	0	0	86,106	0	540,438	546,169	1,086,607
	10.4 Other general and administrative expenses.....	206,206	6,018,167	6,154,318	0	0	0	0	0	0	0	27,363,994	0	39,742,685	16,463,229	56,205,914
	10.4a Community Benefit Expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	200,400	10,169,000	10,218,658	0	0	0	0	0	0	0	30,198,922	0	50,786,980	18,406,300	69,193,280
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	983,008	9,746,037	(4,508,887)	0	0	0	0	0	0	0	(16,481,952)	0	(10,261,794)	XXX	(30,034,132)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,190,387	24,190,387
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(10,261,794)	XXX	(5,843,745)
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	8,779	10,468	0	0	0	0	0	0	0	80,678	0	99,925	33,373	133,298
2.	Number of Covered Lives	0	15,219	18,246	0	0	0	0	0	0	0	139,314	0	172,779	73,770	246,549
3.	Number of Groups	XXX	1,261	202	XXX	0	0	0	0	0	0	2,511	0	3,974	17	3,991
4.	Member Months	413	209,345	236,061	0	0	0	0	0	0	0	1,633,185	0	2,079,004	886,482	2,965,486

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	1, 597, 046	0	(1, 678, 585)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	133, 536	46, 569	1, 467, 833	1, 150, 599
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	434, 153	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.41, 973	.0	.47, 697	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Illinois		DURING THE YEAR			2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13			
		Mini-Med Plans																
		1	2	3	4	5	6	7	8	9								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)				
1. Health Premiums Earned:																		
1.1 Direct premiums written		115,603	106,729,203	96,558,889	0	0	0	0	0	0	0	36,243,680	0	239,647,375				
1.2 Unearned premium prior year		60,856	0	0	0	0	0	0	0	0	0	67,161	0	128,017				
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	94,313	0	94,313				
1.4 Change in unearned premium (Lines 1.2 - 1.3)		60,856	0	0	0	0	0	0	0	0	0	(27,152)	0	33,704				
1.5 Paid rate credits		1,000,003	0	0	0	0	0	0	0	0	0	0	0	1,000,003				
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.7 Reserve for rate credits prior year		1,326,283	0	0	0	0	0	0	0	0	0	0	0	1,326,283				
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		(1,326,283)	0	0	0	0	0	0	0	0	0	0	0	(1,326,283)				
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		176,459	106,729,203	96,558,889	0	0	0	0	0	0	0	36,216,528	0	239,681,079				
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	901	0	901				
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(284,058)	0	(284,058)				
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	103,812	0	103,812				
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		502,739	106,729,203	96,558,889	0	0	0	0	0	0	0	35,829,560	0	239,620,390				
2. Direct Claims Incurred:																		
2.1 Paid claims during the year		1,265,934	80,686,213	84,929,664	0	0	0	0	0	0	0	25,057,832	0	191,939,643				
2.2 Direct claim liability current year		32,795	(4,807,557)	21,812,111	0	0	0	0	0	0	0	2,958,791	0	19,996,140				
2.3 Direct claim liability prior year		1,501,450	(3,489,565)	21,442,029	0	0	0	0	0	0	0	2,263,583	0	21,717,497				
2.4 Direct claim reserves current year		0	311,670	426,127	0	0	0	0	0	0	0	234,932	0	972,729				
2.5 Direct claim reserves prior year		0	328,590	479,464	0	0	0	0	0	0	0	247,092	0	1,055,145				
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	10,978	0	10,978				
2.7 Direct contract reserves prior year		412,495	0	0	0	0	0	0	0	0	0	28,882	0	441,376				
2.8 Paid rate credits		1,000,003	0	0	0	0	0	0	0	0	0	0	0	1,000,003				
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.10 Reserve for rate credits prior year		1,326,283	0	0	0	0	0	0	0	0	0	0	0	1,326,283				
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		(66,998)	(407,640)	189,029	0	0	0	0	0	0	0	40,186	0	(245,422)				
2.12a Healthcare receivables current year		(2,425)	913,910	773,281	0	0	0	0	0	0	0	39,023	0	1,723,790				
2.12b Healthcare receivables prior year		64,573	1,321,549	584,252	0	0	0	0	0	0	0	(1,163)	0	1,969,212				
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		(874,498)	79,758,941	85,057,382	0	0	0	0	0	0	0	25,682,789	0	189,624,613				
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	(54,824)	0	(54,824)				
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(13,590)	0	(13,590)				
2.18 Ceded incurred claims to non-affiliates		137,162	0	0	0	0	0	0	0	0	0	1,255	0	138,417				
2.19 Other adjustments due to MLR calculation - Claims		0	0	483,198	0	0	0	0	0	0	0	0	0	483,198				
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		(685,381)	79,758,941	85,540,580	0	0	0	0	0	0	0	25,613,120	0	190,227,260				
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0				

(a) Column 13, Line 1.1 includes direct written premium of \$ 15,190,105 for stand-alone dental and \$ 5,961,957 for stand-alone vision policies.

216-3.JL

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATIONHumana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Illinois	DURING THE YEAR		2018	(LOCATION)		NAIC Company Code	73288
	All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9	10	
		1	2	3	4	5	6	7	8			
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:											
	1.1 Salaries (including \$ .....14,048 for affiliated services) .....	(1)	.0	.0	.0	243	242	(43)	27,662	112,623	140,485	
	1.2 Outsourced Services .....	(16)	.0	(3)	.0	103	84	(18)	15,994	39,586	55,646	
	1.3 EDP Equipment and Software (incl \$ .....1,168 for affiliated services) .....	.0	.0	.0	.0	22	22	(4)	3,362	8,304	11,683	
	1.4 Other Equipment (excl. EDP) (incl \$ .....29 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	84	208	293	
	1.5 Accreditation and Certification (incl \$ .....12 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	34	85	119	
	1.6 Other Expenses (incl \$ .....5,069 for affiliated services) .....	1	.0	.0	.0	110	111	65	17,172	33,340	50,688	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	(16)	.0	(3)	.0	478	459	.0	64,308	194,146	258,913	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,253	6,253	
	1.10 Total (1.7 to 1.9) .....	(16)	.0	(3)	.0	478	459	.0	64,308	200,400	265,167	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	
2.	Small Group Comprehensive Coverage Expenses:											
	2.1 Salaries (including \$ .....480,985 for affiliated services) .....	105,265	5,032	40,584	602,408	88,407	841,696	246,070	280,877	3,441,206	4,809,849	
	2.2 Outsourced Services .....	176,303	126,970	36,452	119,469	37,396	496,589	220,966	98,225	1,249,420	2,065,199	
	2.3 EDP Equipment and Software (incl \$ .....32,479 for affiliated services) .....	8,308	362	2,339	23,177	7,862	42,047	15,566	19,401	247,774	324,789	
	2.4 Other Equipment (excl. EDP) (incl \$ .....777 for affiliated services) .....	208	9	58	250	196	720	387	462	6,202	7,772	
	2.5 Accreditation and Certification (incl \$ .....287 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	158	188	2,520	2,866	
	2.6 Other Expenses (incl \$ .....536,641 for affiliated services) .....	47,167	2,226	17,603	75,806	40,159	182,961	110,102	111,770	4,961,575	5,366,409	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	337,250	134,598	97,036	821,109	174,020	1,564,013	593,249	510,925	9,908,698	12,576,885	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	260,303	260,303	
	2.10 Total (2.7 to 2.9) .....	337,250	134,598	97,036	821,109	174,020	1,564,013	593,249	510,925	10,169,000	12,837,187	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	101,467	0	0	101,467	
3.	Large Group Comprehensive Coverage Expenses:											
	3.1 Salaries (including \$ .....492,760 for affiliated services) .....	107,013	5,162	40,649	619,754	89,511	862,089	248,751	296,868	3,519,889	4,927,597	
	3.2 Outsourced Services .....	180,336	130,074	37,087	119,388	37,864	504,749	221,781	102,425	1,284,363	2,113,319	
	3.3 EDP Equipment and Software (incl \$ .....33,297 for affiliated services) .....	8,501	370	2,392	23,465	7,958	42,685	16,059	20,381	253,843	332,968	
	3.4 Other Equipment (excl. EDP) (incl \$ .....796 for affiliated services) .....	212	9	59	243	199	723	400	487	6,353	7,962	
	3.5 Accreditation and Certification (incl \$ .....294 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	163	198	2,581	2,942	
	3.6 Other Expenses (incl \$ .....537,558 for affiliated services) .....	47,983	2,286	17,664	75,510	40,669	184,113	111,486	116,130	4,963,853	5,375,582	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	344,045	137,901	97,851	838,360	176,202	1,594,359	598,640	536,489	10,030,882	12,760,371	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	187,776	187,776	
	3.10 Total (3.7 to 3.9) .....	344,045	137,901	97,851	838,360	176,202	1,594,359	598,640	536,489	10,218,658	12,948,147	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	104,520	0	0	104,520	

216-4.1L

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

2. 1100 Employers Boulevard DePere, WI 54115

REPORT FOR: 1. CORPORATION

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Indiana		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288		
		Business Subject to MLR																
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12		
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	13	14	15	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group							Uninsured Plans	Total 13 + 14	
1. Premium:																		
1.1	Health premiums earned (From Part 2, Line 1.11)	(756)	35,856,193	23,298,302	0	0	0	0	0	0	0	0	0	32,611,502	0	91,765,242	XXX	91,765,242
1.2	Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3	State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	(756)	35,856,193	23,298,302	0	0	0	0	0	0	0	0	0	32,611,502	0	91,765,242	XXX	91,765,242
1.5	Federal taxes and federal assessments	(2,250)	1,190,789	1,871,132	0	0	0	0	0	0	0	0	0	(913,484)	0	2,146,188	(734,956)	1,411,232
1.6	State insurance, premium and other taxes (Similar local taxes of \$ )	(341)	634,937	508,704	0	0	0	0	0	0	0	0	0	298,196	0	1,441,496	(110,627)	1,330,869
1.6a	Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7	Regulatory authority licenses and fees	0	24,662	12,064	0	0	0	0	0	0	0	0	0	37,911	0	74,637	19,410	94,046
1.8	Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	1,835	34,005,805	20,906,403	0	0	0	0	0	0	0	0	0	33,188,880	0	88,102,922	XXX	88,929,095
1.9	Net Assumed less Ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	(96,152)	0	(96,152)	XXX	(96,152)
1.10	Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11	Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	1,835	34,005,805	20,906,403	0	0	0	0	0	0	0	0	0	33,092,728	0	88,006,770	XXX	88,832,943
2. Claims:																		
2.1	Incurred claims excluding prescription drugs	17,701	21,445,460	10,197,161	0	0	0	0	0	0	0	0	0	26,343,806	0	58,004,128	XXX	58,004,128
2.2	Prescription drugs	(9,493)	5,760,662	4,020,181	0	0	0	0	0	0	0	0	0	707	0	9,772,058	XXX	9,772,058
2.3	Pharmaceutical rebates	349	1,288,933	1,015,407	0	0	0	0	0	0	0	0	0	298	0	2,304,987	XXX	2,304,987
2.4	State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)		7,860	25,917,190	13,201,935	0	0	0	0	0	0	0	0	0	26,344,215	0	65,471,199	XXX	65,471,199
5.1	Net Assumed less Ceded reinsurance claims incurred	(1)	0	0	0	0	0	0	0	0	0	0	0	40,279	0	40,278	XXX	40,278
5.2	Other Adjustments due to MLR calculations - Claims	0	0	150,454	0	0	0	0	0	0	0	0	0	0	0	150,454	XXX	150,454
5.3	Rebates paid	0	0	76,185	0	0	0	0	0	0	0	0	XXX	XXX	0	76,185	XXX	76,185
5.4	Estimated rebates unpaid prior year	0	0	1,165,677	0	0	0	0	0	0	0	0	XXX	XXX	0	1,165,677	XXX	1,165,677
5.5	Estimated rebates unpaid current year	0	0	1,036,766	0	0	0	0	0	0	0	0	XXX	XXX	0	1,036,766	XXX	1,036,766
5.6	Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	7,858	25,917,190	13,299,663	0	0	0	0	0	0	0	0	0	26,384,494	0	65,609,205	XXX	65,609,205
6. Improving Health Care Quality Expenses Incurred:																		
6.1	Improve health outcomes	0	136,724	94,308	0	0	0	0	0	0	0	0	0	1,139	0	232,172	84,438	316,610
6.2	Activities to prevent hospital readmissions	0	53,838	37,349	0	0	0	0	0	0	0	0	0	1	0	91,188	3,646	94,834
6.3	Improve patient safety and reduce medical errors	0	41,082	27,998	0	0	0	0	0	0	0	0	0	72	0	69,151	33,830	102,982
6.4	Wellness and health promotion activities	0	390,195	303,888	0	0	0	0	0	0	0	0	0	353,464	0	1,047,548	107,166	1,154,713
6.5	Health Information Technology expenses related to health improvement	0	68,187	46,780	0	0	0	0	0	0	0	0	0	44,725	0	159,691	80,617	240,308
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	690,026	510,324	0	0	0	0	0	0	0	0	0	399,400	0	1,599,750	309,697	1,909,447
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8)		4.284	0.782	0.656	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																		
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6	0	245,993	168,825	0	0	0	0	0	0	0	0	0	71,711	0	486,528	402,387	888,915
8.2	All other claims adjustment expenses	(537)	182,834	125,362	0	0	0	0	0	0	0	0	0	189,508	0	497,167	333,358	830,525
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	(537)	428,827	294,187	0	0	0	0	0	0	0	0	0	261,219	0	983,695	735,746	1,719,441
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)		(0.292)	0.013	0.014	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.008	0.000	XXX	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....115,751	.....85,001	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....104,029	.....0	.....304,781	.....206,123	.....510,904
	10.2 Agents and brokers fees and commissions.....	.....(10)	.....902,393	.....441,239	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....3,044,484	.....0	.....4,388,107	.....259,832	.....4,647,938
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....(65)	.....98,171	.....86,066	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....95,132	.....0	.....279,304	.....100,513	.....379,817
	10.4 Other general and administrative expenses.....	......1	.....2,307,215	.....1,645,410	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....3,099,294	.....0	.....7,051,920	.....2,743,600	.....9,795,519
	10.4a Community Benefit Expenditures (informational only) .....	......0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	.....(73)	.....3,423,530	.....2,257,716	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....6,342,939	.....0	.....12,024,111	.....3,310,068	.....15,334,178
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	.....(5,414)	.....3,546,232	.....4,544,514	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(295,323)	.....0	.....7,790,009	.....XXX	.....4,260,673
12.	Income from fees of uninsured plans	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....5,916,247	.....5,916,247
13.	Net investment and other gain/(loss)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....XXX	.....0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....XXX	.....0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....7,790,009	.....XXX	.....10,176,919
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
OTHER INDICATORS:																
1.	Number of certificates/policies	.....0	.....5,714	.....6,638	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....46,477	.....0	.....58,829	.....5,355	.....64,184
2.	Number of Covered Lives	.....0	.....9,735	.....11,423	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....70,855	.....0	.....92,013	.....11,097	.....103,110
3.	Number of Groups	.....XXX	.....480	.....54	.....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....1,463	.....0	.....1,997	.....32	.....2,029
4.	Member Months	.....0	.....110,437	.....134,193	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....792,413	.....0	.....1,037,043	.....131,962	.....1,169,000

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	729,983	0	(1,945,583)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	1,042	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	302,083	122,434	1,156,928
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	1,043	XXX	1,108,338	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Indiana		DURING THE YEAR			2018		(LOCATION)		NAIC Company Code		73288	
								Business Subject to MLR			9	10	11	12	13			
								Comprehensive Health Coverage								Mini-Med Plans		Expatriate Plans:
		1	2	3	4	5	6	7	8									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)				
1. Health Premiums Earned:																		
1.1 Direct premiums written		(756)	35,856,193	23,298,302	0	0	0	0	0	0	0	32,632,484	0	91,786,223				
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	46,005	0	46,005				
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	66,986	0	66,986				
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(20,981)	0	(20,981)				
1.5 Paid rate credits		0	0	76,185	0	0	0	0	0	0	0	0	0	76,185				
1.6 Reserve for rate credits current year		0	0	1,036,766	0	0	0	0	0	0	0	0	0	1,036,766				
1.7 Reserve for rate credits prior year		0	0	1,165,677	0	0	0	0	0	0	0	(46)	0	1,165,631				
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	(128,911)	0	0	0	0	0	0	0	46	0	(128,865)				
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		(756)	35,856,193	23,298,302	0	0	0	0	0	0	0	32,611,502	0	91,765,242				
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	4,533	0	4,533				
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(45,760)	0	(45,760)				
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	54,925	0	54,925				
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		(756)	35,856,193	23,351,028	0	0	0	0	0	0	0	32,515,305	0	91,721,770				
2. Direct Claims Incurred:																		
2.1 Paid claims during the year		80,550	27,505,182	15,157,839	0	0	0	0	0	0	0	25,970,587	0	68,714,158				
2.2 Direct claim liability current year		498	3,188,597	(235,144)	0	0	0	0	0	0	0	3,303,824	0	6,257,774				
2.3 Direct claim liability prior year		58,711	4,821,704	1,769,870	0	0	0	0	0	0	0	2,799,852	0	9,450,138				
2.4 Direct claim reserves current year		0	31,576	5	0	0	0	0	0	0	0	336,782	0	368,363				
2.5 Direct claim reserves prior year		0	24,586	6	0	0	0	0	0	0	0	404,376	0	428,968				
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.7 Direct contract reserves prior year		333	0	0	0	0	0	0	0	0	0	0	0	333				
2.8 Paid rate credits		0	0	76,185	0	0	0	0	0	0	0	0	0	76,185				
2.9 Reserve for rate credits current year		0	0	1,036,766	0	0	0	0	0	0	0	0	0	1,036,766				
2.10 Reserve for rate credits prior year		0	0	1,165,677	0	0	0	0	0	0	0	(46)	0	1,165,631				
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		14,144	(38,126)	(101,838)	0	0	0	0	0	0	0	62,795	0	(63,024)				
2.12a Healthcare receivables current year		1,649	380,659	273,957	0	0	0	0	0	0	0	63,567	0	719,832				
2.12b Healthcare receivables prior year		(12,495)	418,785	375,794	0	0	0	0	0	0	0	772	0	782,856				
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		7,860	25,917,190	13,201,935	0	0	0	0	0	0	0	26,344,215	0	65,471,199				
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	31,583	0	31,583				
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(33,115)	0	(33,115)				
2.18 Ceded incurred claims to non-affiliates		1	0	0	0	0	0	0	0	0	0	(41,811)	0	(41,809)				
2.19 Other adjustments due to MLR calculation - Claims		0	0	97,728	0	0	0	0	0	0	0	0	0	97,728				
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		7,858	25,917,190	13,352,389	0	0	0	0	0	0	0	26,384,448	0	65,661,885				
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0				

(a) Column 13, Line 1.1 includes direct written premium of \$ 4,443,531 for stand-alone dental and \$ 2,182,257 for stand-alone vision policies.

216-3.IN

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Indiana		DURING THE YEAR		2018	(LOCATION)		NAIC Company Code	73288
		All Expenses				Improving Health Care Quality Expenses		Claims Adjustment Expenses					
		1	2	3	4	5	6	7	8	9	10		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)		
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ .....(54) for affiliated services) .....	0	0	0	0	0	0	0	(536)	0	(536)		
	1.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0		
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0		
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0		
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0		
	1.6 Other Expenses (incl \$ .....(1) for affiliated services) .....	0	0	0	0	0	0	0	0	(9)	(9)		
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	0	0	0	0	0	0	0	(537)	(9)	(545)		
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0		
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(65)	(65)		
	1.10 Total (1.7 to 1.9) .....	0	0	0	0	0	0	0	(537)	(73)	(610)		
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0		
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ .....191,511 for affiliated services) .....	43,284	2,090	17,597	292,212	34,642	389,826	103,977	96,902	1,324,401	1,915,106		
	2.2 Outsourced Services .....	70,686	50,678	14,938	50,542	14,653	201,497	89,569	36,577	471,137	798,780		
	2.3 EDP Equipment and Software (incl \$ .....12,639 for affiliated services) .....	3,331	145	940	11,153	3,081	18,649	6,117	6,966	94,660	126,393		
	2.4 Other Equipment (excl. EDP) (incl \$ .....299 for affiliated services) .....	83	4	23	118	77	305	152	165	2,371	2,993		
	2.5 Accreditation and Certification (incl \$ .....109 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	62	67	963	1,092		
	2.6 Other Expenses (incl \$ .....159,985 for affiliated services) .....	19,339	922	7,585	36,171	15,734	79,750	46,116	42,156	1,431,827	1,599,849		
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	136,724	53,838	41,082	390,195	68,187	690,026	245,993	182,834	3,325,359	4,444,212		
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0		
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	98,171	98,171		
	2.10 Total (2.7 to 2.9) .....	136,724	53,838	41,082	390,195	68,187	690,026	245,993	182,834	3,423,530	4,542,382		
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	39,984	0	0	39,984		
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ .....137,971 for affiliated services) .....	29,729	1,444	11,913	233,834	23,768	300,687	71,258	64,199	943,570	1,379,714		
	3.2 Outsourced Services .....	48,930	35,169	10,279	34,835	10,053	139,266	61,472	26,081	340,971	567,791		
	3.3 EDP Equipment and Software (incl \$ .....9,067 for affiliated services) .....	2,304	100	649	8,563	2,114	13,729	4,296	5,017	67,624	90,666		
	3.4 Other Equipment (excl. EDP) (incl \$ .....213 for affiliated services) .....	57	2	16	81	52	209	107	119	1,693	2,128		
	3.5 Accreditation and Certification (incl \$ .....78 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	43	49	687	779		
	3.6 Other Expenses (incl \$ .....93,508 for affiliated services) .....	13,289	634	5,141	26,575	10,793	56,432	31,648	29,897	817,105	935,082		
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	94,308	37,349	27,998	303,888	46,780	510,324	168,825	125,362	2,171,650	2,976,160		
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0		
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	86,066	86,066		
	3.10 Total (3.7 to 3.9) .....	94,308	37,349	27,998	303,888	46,780	510,324	168,825	125,362	2,257,716	3,062,226		
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	27,989	0	0	27,989		



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

REPORT FOR: 1. CORPORATION (To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
Humana Insurance Company 2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Iowa		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288				
		Business Subject to MLR																		
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans			9									
		1	2	3	4	5	6	7	8	Student Health Plans			10	11	12	13	14	15		
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group				Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14		
1.	Premium:																			
1.1	Health premiums earned (From Part 2, Line 1.11) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2,714,630	.0	2,714,630	XXX	2,714,630		
1.2	Federal high risk pools .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0		
1.3	State high risk pools .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0		
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2,714,630	.0	2,714,630	XXX	2,714,630		
1.5	Federal taxes and federal assessments .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	184,956	.0	184,956	.0	184,956		
1.6	State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	47,904	.0	47,904	.0	47,904		
1.6a	Community Benefit Expenditures (informational only) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		
1.7	Regulatory authority licenses and fees .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	9,851	.0	9,851	.0	9,851		
1.8	Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2,471,920	.0	2,471,920	XXX	2,471,920		
1.9	Net Assumed less Ceded reinsurance premiums earned .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(50,991)	.0	(50,991)	XXX	(50,991)		
1.10	Other Adjustments due to MLR calculations - Premiums .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0		
1.11	Risk Revenue .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0		
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....	0	0	0	0	0	0	0	0	0	0	0	0	2,420,929	0	2,420,929	XXX	2,420,929		
2.	Claims:																			
2.1	Incurred claims excluding prescription drugs .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,671,411	.0	1,671,411	XXX	1,671,411		
2.2	Prescription drugs .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0		
2.3	Pharmaceutical rebates .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0		
2.4	State stop loss, market stabilization and claim/census based assessments (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0		
3.	Incurred medical incentive pools and bonuses .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0		
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5.	5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,671,411	.0	1,671,411	XXX	1,671,411		
5.1	Net Assumed less Ceded reinsurance claims incurred .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	12,121	.0	12,121	XXX	12,121		
5.2	Other Adjustments due to MLR calculations - Claims .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0		
5.3	Rebates paid .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	XXX	.0		
5.4	Estimated rebates unpaid prior year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	XXX	.0		
5.5	Estimated rebates unpaid current year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	XXX	.0		
5.6	Fee for service and co-pay revenue .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0		
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....	0	0	0	0	0	0	0	0	0	0	0	0	1,683,532	0	1,683,532	XXX	1,683,532		
6.	Improving Health Care Quality Expenses Incurred:																			
6.1	Improve health outcomes .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	124	.0	124	.0	124		
6.2	Activities to prevent hospital readmissions .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		
6.3	Improve patient safety and reduce medical errors .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2	.0	2	.0	2		
6.4	Wellness and health promotion activities .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	19,695	.0	19,695	.0	19,695		
6.5	Health Information Technology expenses related to health improvement .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	4,096	.0	4,096	.0	4,096		
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....	0	0	0	0	0	0	0	0	0	0	0	0	23,918	0	23,918	0	23,918		
7.	Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX		
8.	Claims Adjustment Expenses:																			
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	8,722	.0	8,722	.0	8,722		
8.2	All other claims adjustment expenses .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	24,365	.0	24,365	.0	24,365		
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2) .....	0	0	0	0	0	0	0	0	0	0	0	0	33,086	0	33,086	0	33,086		
9.	Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.013	0.000	XXX	XXX	XXX		

216-1.1A

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....17,891	.....0	.....17,891	.....0	.....17,891
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....173,387	.....0	.....173,387	.....0	.....173,387
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....9,167	.....0	.....9,167	.....0	.....9,167
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(679,997)	.....0	.....(679,997)	.....0	.....(679,997)
	10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	(479,552)	0	(479,552)	0	(479,552)
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	1,159,945	0	1,159,945	XXX	1,159,945
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,159,945	XXX	1,159,945
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	4,456	0	4,456	0	4,456
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	5,201	0	5,201	0	5,201
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	14	0	14	0	14
4.	Member Months	0	0	0	0	0	0	0	0	0	0	63,101	0	63,101	0	63,101

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Iowa		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12	
		Mini-Med Plans															
		1	2	3	4	5	6	7	8								13
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	2,718,152	0	2,718,152			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	32,993	0	32,993			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	36,515	0	36,515			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(3,522)	0	(3,522)			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	2,714,630	0	2,714,630			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(25,835)	0	(25,835)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	25,156	0	25,156			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	2,663,639	0	2,663,639			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	1,708,772	0	1,708,772			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	203,122	0	203,122			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	172,909	0	172,909			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	35,849	0	35,849			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	45,213	0	45,213			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	54,595	0	54,595			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	3,615	0	3,615			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	3,643	0	3,643			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	28	0	28			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	1,671,411	0	1,671,411			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	(111)	0	(111)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(16,230)	0	(16,230)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	(28,461)	0	(28,461)			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	1,683,532	0	1,683,532			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 863,482 for stand-alone dental and \$ 188,357 for stand-alone vision policies.

216-3.1A



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Iowa	DURING THE YEAR		2018	(LOCATION)		NAIC Company Code	73288
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses				
		1	2	3	4	5	6	7	8	9	10	
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:											
	1.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	1.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	0	0	0	0	0	0	0	0	0	0	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
	1.10 Total (1.7 to 1.9) .....	0	0	0	0	0	0	0	0	0	0	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0	
2.	Small Group Comprehensive Coverage Expenses:											
	2.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	2.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	0	0	0	0	0	0	0	0	0	0	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
	2.10 Total (2.7 to 2.9) .....	0	0	0	0	0	0	0	0	0	0	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0	
3.	Large Group Comprehensive Coverage Expenses:											
	3.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	3.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	0	0	0	0	0	0	0	0	0	0	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
	3.10 Total (3.7 to 3.9) .....	0	0	0	0	0	0	0	0	0	0	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0	

216-4.1A

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

2. 1100 Employers Boulevard DePere, WI 54115

REPORT FOR: 1. CORPORATION

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Kansas		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		1,520	97,135,598	40,809,978	0	0	0	0	0	0	0	24,969,023	0	162,916,119	XXX	162,916,119	
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		1,520	97,135,598	40,809,978	0	0	0	0	0	0	0	24,969,023	0	162,916,119	XXX	162,916,119	
1.5 Federal taxes and federal assessments .....		(12,993)	2,223,239	819,264	0	0	0	0	0	0	0	545,374	0	3,574,883	(816,003)	2,758,880	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		(1,972)	1,026,404	341,099	0	0	0	0	0	0	0	302,623	0	1,668,154	(123,513)	1,544,641	
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees .....		1	67,338	22,875	0	0	0	0	0	0	0	23,725	0	113,939	16,086	130,025	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		16,483	93,818,617	39,626,741	0	0	0	0	0	0	0	24,097,301	0	157,559,142	XXX	158,482,573	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	(245,551)	0	(245,551)	XXX	(245,551)	
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		16,483	93,818,617	39,626,741	0	0	0	0	0	0	0	23,851,750	0	157,313,592	XXX	158,237,022	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		61,156	61,939,178	30,064,724	0	0	0	0	0	0	0	17,561,728	0	109,626,786	XXX	109,626,786	
2.2 Prescription drugs .....		(8,141)	20,218,259	7,845,763	0	0	0	0	0	0	0	6	0	28,055,887	XXX	28,055,887	
2.3 Pharmaceutical rebates .....		294	4,499,498	2,082,830	0	0	0	0	0	0	0	0	0	6,582,622	XXX	6,582,622	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		52,721	77,657,939	35,827,656	0	0	0	0	0	0	0	17,561,735	0	131,100,050	XXX	131,100,050	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	(13,191)	0	(13,191)	XXX	(13,191)	
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	186,492	0	0	0	0	0	0	0	0	0	186,492	XXX	186,492	
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		52,721	77,657,939	36,014,148	0	0	0	0	0	0	0	17,548,543	0	131,273,351	XXX	131,273,351	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		4	365,963	181,353	0	0	0	0	0	0	0	1,170	0	548,491	47,432	595,924	
6.2 Activities to prevent hospital readmissions .....		2	145,669	72,805	0	0	0	0	0	0	0	1	0	218,476	2,127	220,603	
6.3 Improve patient safety and reduce medical errors .....		1	107,276	52,081	0	0	0	0	0	0	0	70	0	159,427	16,506	175,933	
6.4 Wellness and health promotion activities .....		11	1,055,282	641,630	0	0	0	0	0	0	0	60,172	0	1,757,094	350,376	2,107,470	
6.5 Health Information Technology expenses related to health improvement .....		2	183,147	89,347	0	0	0	0	0	0	0	38,469	0	310,965	49,964	360,929	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		20	1,857,337	1,037,216	0	0	0	0	0	0	0	99,881	0	2,994,454	466,404	3,460,859	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		3.200	0.848	0.930	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		7	566,504	280,509	0	0	0	0	0	0	0	59,957	0	906,977	212,913	1,119,890	
8.2 All other claims adjustment expenses .....		(155)	531,444	272,052	0	0	0	0	0	0	0	88,619	0	891,960	218,071	1,110,030	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		(149)	1,097,948	552,561	0	0	0	0	0	0	0	148,576	0	1,798,936	430,984	2,229,920	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		(0.009)	0.012	0.014	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.006	0.000	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:										Government Business (excluded by statute)	Other Health Business				
	10.1 Direct sales salaries and benefits .....	.4	.310,773	.168,131	.0	.0	.0	.0	.0	.0	.0	.80,073	.0	.558,981	.286,734	.845,716
	10.2 Agents and brokers fees and commissions.....	.24	.4,386,174	.1,558,927	.0	.0	.0	.0	.0	.0	.0	.1,276,758	.0	.7,221,883	.1,502,537	.8,724,420
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	(.374)	.218,989	.89,787	.0	.0	.0	.0	.0	.0	.0	.104,939	.0	.413,340	.74,696	.488,037
	10.4 Other general and administrative expenses.....	.30,251	.6,094,922	.3,054,787	.0	.0	.0	.0	.0	.0	.0	.1,515,923	.0	.10,695,883	.2,100,600	.12,796,483
	10.4a Community Benefit Expenditures (informational only) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	29,905	11,010,858	4,871,632	0	0	0	0	0	0	0	2,977,693	0	18,890,088	3,964,567	22,854,656
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(66,014)	2,194,536	(2,848,816)	0	0	0	0	0	0	0	3,077,056	0	2,356,762	XXX	(1,581,764)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,838,191	4,838,191
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,356,762	XXX	3,256,427
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	9,578	5,531	0	0	0	0	0	0	0	34,432	0	49,541	4,728	54,269
2.	Number of Covered Lives	0	16,842	9,967	0	0	0	0	0	0	0	58,859	0	85,668	8,496	94,164
3.	Number of Groups	XXX	1,445	92	XXX	0	0	0	0	0	0	3,207	0	4,744	280	5,024
4.	Member Months	3	220,640	119,475	0	0	0	0	0	0	0	658,243	0	998,361	76,947	1,075,308

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	4	1,286,720	0	(3,431,415)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	1,304,929	1,652	2,067,705
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	73,479	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Kansas		DURING THE YEAR			2018		(LOCATION)		NAIC Company Code		73288		
								Business Subject to MLR			9	10	11	12	13				
								Comprehensive Health Coverage								Mini-Med Plans		Expatriate Plans:	
								1	2	3						4	5	6	7
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)					
1. Health Premiums Earned:																			
1.1 Direct premiums written		1,520	97,135,598	40,809,978	0	0	0	0	0	0	0	24,977,586	0	162,924,682					
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	32,592	0	32,592					
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	41,155	0	41,155					
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(8,563)	0	(8,563)					
1.5 Paid rate credits		0	0	1,490,129	0	0	0	0	0	0	0	0	0	1,490,129					
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.7 Reserve for rate credits prior year		0	0	(524,180)	0	0	0	0	0	0	0	0	0	(524,180)					
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	524,180	0	0	0	0	0	0	0	0	0	524,180					
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		1,520	97,135,598	40,809,978	0	0	0	0	0	0	0	24,969,023	0	162,916,119					
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	79	0	79					
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(162,822)	0	(162,822)					
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	82,807	0	82,807					
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		1,520	97,135,598	38,795,669	0	0	0	0	0	0	0	24,723,472	0	160,656,259					
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		(56,908)	77,249,286	33,211,029	0	0	0	0	0	0	0	16,623,082	0	127,026,490					
2.2 Direct claim liability current year		116,099	6,653,254	4,290,514	0	0	0	0	0	0	0	2,878,184	0	13,938,051					
2.3 Direct claim liability prior year		18,138	5,738,966	4,226,657	0	0	0	0	0	0	0	1,734,150	0	11,717,911					
2.4 Direct claim reserves current year		0	208,990	0	0	0	0	0	0	0	0	0	0	208,990					
2.5 Direct claim reserves prior year		0	101,253	0	0	0	0	0	0	0	0	0	0	101,253					
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	171,054	0	171,054					
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	329,977	0	329,978					
2.8 Paid rate credits		0	0	1,490,129	0	0	0	0	0	0	0	0	0	1,490,129					
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.10 Reserve for rate credits prior year		0	0	(524,180)	0	0	0	0	0	0	0	0	0	(524,180)					
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		(11,668)	613,372	(538,461)	0	0	0	0	0	0	0	46,459	0	109,703					
2.12a Healthcare receivables current year		1,854	1,332,341	534,867	0	0	0	0	0	0	0	46,055	0	1,915,117					
2.12b Healthcare receivables prior year		13,522	718,969	1,073,327	0	0	0	0	0	0	0	(404)	0	1,805,414					
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		52,721	77,657,939	35,827,656	0	0	0	0	0	0	0	17,561,735	0	131,100,050					
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	5,770	0	5,770					
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(5,515)	0	(5,515)					
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	13,446	0	13,446					
2.19 Other adjustments due to MLR calculation - Claims		0	0	186,492	0	0	0	0	0	0	0	0	0	186,492					
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		52,721	77,657,939	33,999,839	0	0	0	0	0	0	0	17,548,543	0	129,259,042					
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0					

(a) Column 13, Line 1.1 includes direct written premium of \$ 4,394,462 for stand-alone dental and \$ 1,868,038 for stand-alone vision policies.

216-3-KS

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Kansas		DURING THE YEAR		2018	(LOCATION)		NAIC Company Code	73288
		All Expenses				Improving Health Care Quality Expenses		Claims Adjustment Expenses					
		1	2	3	4	5	6	7	8	9	10		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)		
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ .....3,007 for affiliated services) .....	.2	.0	.1	.8	.1	.12	.3	.(158)	.30,217	.30,074		
	1.2 Outsourced Services .....	.2	.2	.1	.2	.0	.7	.2	.1	.17	.27		
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.1	.0	.0	.4	.4		
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0		
	1.6 Other Expenses (incl \$ .....5 for affiliated services) .....	.0	.0	.0	.1	.0	.1	.1	.1	.42	.46		
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.4	.2	.1	.11	.2	.20	.7	.(155)	.30,279	.30,151		
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.(374)	.(374)		
	1.10 Total (1.7 to 1.9) .....	.4	.2	.1	.11	.2	.20	.7	.(155)	.29,905	.29,777		
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	1	0	0	1		
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ .....511,746 for affiliated services) .....	.114,784	.5,607	.45,317	.796,661	.93,037	.1,055,406	.269,124	.295,411	.3,497,524	.5,117,465		
	2.2 Outsourced Services .....	.190,633	.137,189	.39,774	.133,117	.39,355	.540,069	.160,289	.100,650	.1,241,146	.2,042,154		
	2.3 EDP Equipment and Software (incl \$ .....33,680 for affiliated services) .....	.8,956	.389	.2,522	.29,891	.8,273	.50,031	.16,458	.19,534	.250,779	.336,802		
	2.4 Other Equipment (excl. EDP) (incl \$ .....796 for affiliated services) .....	.224	.10	.63	.303	.207	.806	.409	.465	.6,279	.7,959		
	2.5 Accreditation and Certification (incl \$ .....291 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.166	.189	.2,550	.2,905		
	2.6 Other Expenses (incl \$ .....623,987 for affiliated services) .....	.51,366	.2,474	.19,600	.95,310	.42,275	.211,025	.120,057	.115,195	.5,793,592	.6,239,869		
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.365,963	.145,669	.107,276	.1,055,282	.183,147	.1,857,337	.566,504	.531,444	.10,791,870	.13,747,154		
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.218,989	.218,989		
	2.10 Total (2.7 to 2.9) .....	.365,963	.145,669	.107,276	.1,055,282	.183,147	.1,857,337	.566,504	.531,444	.11,010,858	.13,966,143		
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	107,704	0	0	107,704		
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ .....268,019 for affiliated services) .....	.56,443	.2,739	.21,735	.511,998	.45,391	.638,305	.132,466	.148,939	.1,760,485	.2,680,195		
	3.2 Outsourced Services .....	.95,056	.68,657	.19,634	.61,325	.19,201	.263,874	.80,118	.52,615	.626,735	.1,023,341		
	3.3 EDP Equipment and Software (incl \$ .....17,295 for affiliated services) .....	.4,455	.194	.1,254	.17,580	.4,036	.27,519	.8,418	.10,368	.126,646	.172,951		
	3.4 Other Equipment (excl. EDP) (incl \$ .....401 for affiliated services) .....	.111	.5	.31	.136	.101	.384	.209	.248	.3,170	.4,011		
	3.5 Accreditation and Certification (incl \$ .....147 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.85	.101	.1,287	.1,473		
	3.6 Other Expenses (incl \$ .....248,965 for affiliated services) .....	.25,288	.1,210	.9,426	.50,591	.20,619	.107,134	.59,212	.59,783	.2,263,522	.2,489,651		
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.181,353	.72,805	.52,081	.641,630	.89,347	.1,037,216	.280,509	.272,052	.4,781,845	.6,371,622		
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.89,787	.89,787		
	3.10 Total (3.7 to 3.9) .....	.181,353	.72,805	.52,081	.641,630	.89,347	.1,037,216	.280,509	.272,052	.4,871,632	.6,461,409		
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	54,757	0	0	54,757		

216-4.KS

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

2. 1100 Employers Boulevard DePere, WI 54115

REPORT FOR: 1. CORPORATION

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Kentucky		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	995,561	0	995,561	XXX	995,561	
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	995,561	0	995,561	XXX	995,561	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	(2,764,198)	0	(2,764,198)	(3,156,085)	(5,920,283)	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	(342,271)	0	(342,271)	(478,316)	(820,587)	
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	26,233	0	26,233	82,950	109,183	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	4,075,797	0	4,075,797	XXX	7,627,248	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	(132,682)	0	(132,682)	XXX	(132,682)	
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	3,943,115	0	3,943,115	XXX	7,494,566	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	674,593	0	674,593	XXX	674,593	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	674,593	0	674,593	XXX	674,593	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	6,030	0	6,030	XXX	6,030	
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	680,623	0	680,623	XXX	680,623	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	9	0	9	331,409	331,418	
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	15,667	15,667	
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	4	0	4	104,153	104,157	
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	31	0	31	834,140	834,172	
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	2,134	0	2,134	335,808	337,942	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	2,179	0	2,179	1,621,177	1,623,356	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	521	0	521	1,527,135	1,527,656	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	(19)	0	(19)	1,797,131	1,797,112	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	502	0	502	3,324,266	3,324,768	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....25,241	.....0	.....25,241	.....825,504	.....850,746
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....70,704	.....0	.....70,704	.....1,734,934	.....1,805,638
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....16,024	.....0	.....16,024	.....404,886	.....420,911
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....15,866,770	.....0	.....15,866,770	.....11,562,352	.....27,429,122
	10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	15,978,739	0	15,978,739	14,527,677	30,506,416
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	(12,718,928)	0	(12,718,928)	XXX	(28,640,598)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,188,057	23,188,057
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(12,718,928)	XXX	(5,452,540)
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	1,987	0	1,987	22,821	24,808
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	2,685	0	2,685	40,364	43,049
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	29	0	29	180	209
4.	Member Months	0	0	0	0	0	0	0	0	0	0	41,442	0	41,442	548,514	589,956

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Kentucky		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9	10	11	12	13			
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	991,692	0	991,692			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	16,332	0	16,332			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	12,462	0	12,462			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	3,870	0	3,870			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	995,561	0	995,561			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	4,715	0	4,715			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(107,011)	0	(107,011)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	30,386	0	30,386			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	862,879	0	862,879			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	710,144	0	710,144			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	188,973	0	188,973			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	175,170	0	175,170			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	78,676	0	78,676			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	128,030	0	128,030			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	674,593	0	674,593			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	8,445	0	8,445			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(4,661)	0	(4,661)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	(2,247)	0	(2,247)			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	680,623	0	680,623			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 0 for stand-alone dental and \$ 447,852 for stand-alone vision policies.

216-3-KY

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Kentucky		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9		10		
				1	2	3	4	5	6	7	8					
				Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses		Total Expenses (6 to 9)		
1.	Individual Comprehensive Coverage Expenses:															
	1.1 Salaries (including \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.2 Outsourced Services .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0		XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	
	1.10 Total (1.7 to 1.9) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0		0	0	0	0	0	0	0	0	0	0	0	0	
2.	Small Group Comprehensive Coverage Expenses:															
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.2 Outsourced Services .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0		XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	
	2.10 Total (2.7 to 2.9) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0		0	0	0	0	0	0	0	0	0	0	0	0	
3.	Large Group Comprehensive Coverage Expenses:															
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.2 Outsourced Services .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0		XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	
	3.10 Total (3.7 to 3.9) .....	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0		0	0	0	0	0	0	0	0	0	0	0	0	

216-4.KY

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Louisiana		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR								10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15		
		Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans		9								
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group								8 Large Group	
		Individual			Individual					Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	5,146,655	0	5,146,655	XXX	5,146,655	
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	5,146,655	0	5,146,655	XXX	5,146,655	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	94,666	0	94,666	(828,594)	(733,928)	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	130,134	0	130,134	(124,987)	5,146	
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	25,432	0	25,432	18,646	44,078	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	4,896,424	0	4,896,424	XXX	5,831,360	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	(510,899)	0	(510,899)	XXX	(510,899)	
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	4,385,525	0	4,385,525	XXX	5,320,461	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	3,565,884	0	3,565,884	XXX	3,565,884	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	3,565,884	0	3,565,884	XXX	3,565,884	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	(123,522)	0	(123,522)	XXX	(123,522)	
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	3,442,362	0	3,442,362	XXX	3,442,362	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	443	0	443	77,574	78,017	
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	3,385	3,385	
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	3	0	3	29,889	29,892	
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	1,188	0	1,188	269,860	271,048	
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	8,203	0	8,203	75,684	83,887	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	9,837	0	9,837	456,392	466,229	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	19,585	0	19,585	358,844	378,429	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	27,042	0	27,042	331,126	358,168	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	46,626	0	46,626	689,970	736,596	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.010	0.000	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:										Government Business (excluded by statute)	Other Health Business				
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....46,034	.....0	.....46,034	.....216,331	.....262,365
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....154,782	.....0	.....154,782	.....855,872	.....1,010,654
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....67,003	.....0	.....67,003	.....95,096	.....162,099
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....441,184	.....0	.....441,184	.....2,603,912	.....3,045,096
	10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	709,002	0	709,002	3,771,211	4,480,213
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	177,697	0	177,697	XXX	(3,804,939)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,231,591	6,231,591
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	177,697	XXX	2,426,651
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	9,820	0	9,820	6,344	16,164
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	15,308	0	15,308	12,758	28,066
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	305	0	305	182	487
4.	Member Months	0	0	0	0	0	0	0	0	0	0	179,916	0	179,916	122,560	302,476

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Louisiana		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13		
		Mini-Med Plans															
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	5,137,534	0	5,137,534			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	52,629	0	52,629			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	43,507	0	43,507			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	9,122	0	9,122			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	5,146,655	0	5,146,655			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	5,638	0	5,638			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(468,473)	0	(468,473)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	48,064	0	48,064			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	4,635,757	0	4,635,757			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	3,492,173	0	3,492,173			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	587,807	0	587,807			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	366,659	0	366,659			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	51,494	0	51,494			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	91,656	0	91,656			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	19,763	0	19,763			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	127,038	0	127,038			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	3,565,884	0	3,565,884			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	4,774	0	4,774			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(176,570)	0	(176,570)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	(48,274)	0	(48,274)			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	3,442,362	0	3,442,362			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 2,479,490 for stand-alone dental and \$ 305,361 for stand-alone vision policies.

216-3-LA

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Louisiana		DURING THE YEAR		2018	(LOCATION)		NAIC Company Code		73288
	All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9	10			
		1	2	3	4	5	6	7	8					
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)			
1.	Individual Comprehensive Coverage Expenses:													
	1.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	1.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0			
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0			
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	0	0	0	0	0	0	0	0	0	0			
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0			
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0			
	1.10 Total (1.7 to 1.9) .....	0	0	0	0	0	0	0	0	0	0			
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0			
2.	Small Group Comprehensive Coverage Expenses:													
	2.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	2.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0			
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0			
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	0	0	0	0	0	0	0	0	0	0			
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0			
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0			
	2.10 Total (2.7 to 2.9) .....	0	0	0	0	0	0	0	0	0	0			
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0			
3.	Large Group Comprehensive Coverage Expenses:													
	3.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	3.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0			
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0			
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	0	0	0	0	0	0	0	0	0	0			
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0			
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0			
	3.10 Total (3.7 to 3.9) .....	0	0	0	0	0	0	0	0	0	0			
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0			

216-4.LA

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Maine		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288							
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)												
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11)		0	0	0	0	0	0	0	0	0	0	800,293	0	800,293	XXX	800,293	XXX	800,293	0	0	0	0	0
1.2 Federal high risk pools		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 State high risk pools		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)		0	0	0	0	0	0	0	0	0	0	800,293	0	800,293	XXX	800,293	XXX	800,293	0	0	0	0	0
1.5 Federal taxes and federal assessments		0	0	0	0	0	0	0	0	0	0	(24,895)	0	(24,895)	0	(24,895)	0	(24,895)	0	0	0	0	0
1.6 State insurance, premium and other taxes (Similar local taxes of \$ )		0	0	0	0	0	0	0	0	0	0	11,090	0	11,090	0	11,090	0	11,090	0	0	0	0	0
1.6a Community Benefit Expenditures (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees		0	0	0	0	0	0	0	0	0	0	552	0	552	0	552	0	552	0	0	0	0	0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	813,546	0	813,546	XXX	813,546	XXX	813,546	0	0	0	0	0
1.9 Net Assumed less Ceded reinsurance premiums earned		0	0	0	0	0	0	0	0	0	0	(5,867)	0	(5,867)	XXX	(5,867)	XXX	(5,867)	0	0	0	0	0
1.10 Other Adjustments due to MLR calculations - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0
1.11 Risk Revenue		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)		0	0	0	0	0	0	0	0	0	0	807,679	0	807,679	XXX	807,679	XXX	807,679	0	0	0	0	0
2. Claims:																							
2.1 Incurred claims excluding prescription drugs		0	0	0	0	0	0	0	0	0	0	560,870	0	560,870	XXX	560,870	XXX	560,870	0	0	0	0	0
2.2 Prescription drugs		0	0	0	0	0	0	0	0	0	0	390	0	390	XXX	390	XXX	390	0	0	0	0	0
2.3 Pharmaceutical rebates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0
3. Incurred medical incentive pools and bonuses		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)		0	0	0	0	0	0	0	0	0	0	561,260	0	561,260	XXX	561,260	XXX	561,260	0	0	0	0	0
5.1 Net Assumed less Ceded reinsurance claims incurred		0	0	0	0	0	0	0	0	0	0	(622)	0	(622)	XXX	(622)	XXX	(622)	0	0	0	0	0
5.2 Other Adjustments due to MLR calculations - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0
5.3 Rebates paid		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	0	XXX	0	0	0	0	0	0
5.4 Estimated rebates unpaid prior year		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	0	XXX	0	0	0	0	0	0
5.5 Estimated rebates unpaid current year		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	0	XXX	0	0	0	0	0	0
5.6 Fee for service and co-pay revenue		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)		0	0	0	0	0	0	0	0	0	0	560,638	0	560,638	XXX	560,638	XXX	560,638	0	0	0	0	0
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes		0	0	0	0	0	0	0	0	0	0	2	0	2	0	2	0	2	0	0	0	0	0
6.2 Activities to prevent hospital readmissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.4 Wellness and health promotion activities		0	0	0	0	0	0	0	0	0	0	14,799	0	14,799	0	14,799	0	14,799	0	0	0	0	0
6.5 Health Information Technology expenses related to health improvement		0	0	0	0	0	0	0	0	0	0	1,066	0	1,066	0	1,066	0	1,066	0	0	0	0	0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)		0	0	0	0	0	0	0	0	0	0	15,867	0	15,867	0	15,867	0	15,867	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8)		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6		0	0	0	0	0	0	0	0	0	0	1,293	0	1,293	0	1,293	0	1,293	0	0	0	0	0
8.2 All other claims adjustment expenses		0	0	0	0	0	0	0	0	0	0	8,510	0	8,510	0	8,510	0	8,510	0	0	0	0	0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)		0	0	0	0	0	0	0	0	0	0	9,803	0	9,803	0	9,803	0	9,803	0	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.012	0.000	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:										Government Business (excluded by statute)	Other Health Business				
	10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1,708	.0	.1,708	.0	.1,708
	10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	34,223	.0	34,223	.0	34,223
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1,700	.0	.1,700	.0	.1,700
	10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.113,710	.0	.113,710	.0	.113,710
	10.4a Community Benefit Expenditures (informational only) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	151,341	0	151,341	0	151,341
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	70,030	0	70,030	XXX	70,030
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70,030	XXX	70,030
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	603	0	603	0	603
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	657	0	657	0	657
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	5	0	5	0	5
4.	Member Months	0	0	0	0	0	0	0	0	0	0	8,289	0	8,289	0	8,289

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Maine		DURING THE YEAR			2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9	10	11	12	13				
		1	2	3	4	5	6	7	8									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)				
1. Health Premiums Earned:																		
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	800,268	0	800,268				
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	1,125	0	1,125				
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	1,100	0	1,100				
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	25	0	25				
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	800,293	0	800,293				
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(366)	0	(366)				
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	5,501	0	5,501				
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	794,426	0	794,426				
2. Direct Claims Incurred:																		
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	547,144	0	547,144				
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	74,414	0	74,414				
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	59,899	0	59,899				
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	118	0	118				
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	517	0	517				
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	550	0	550				
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	32	0	32				
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	561,260	0	561,260				
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(504)	0	(504)				
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	118	0	118				
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	560,638	0	560,638				
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0				

(a) Column 13, Line 1.1 includes direct written premium of \$ 20,848 for stand-alone dental and \$ 38,629 for stand-alone vision policies.

216-3 ME



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Maine		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		All Expenses				Improving Health Care Quality Expenses				Claims Adjustment Expenses							
				1		2		3		4		5		6		7	
				Improve Health Outcomes		Activities to Prevent Hospital Readmissions		Improve Patient Safety and Reduce Medical Errors		Wellness & Health Promotion Activities		HIT Expenses		Total (1 to 5)		Cost Containment Expenses	
																8	
																Other Claims Adjustment Expenses	
																9	
																General Administrative Expenses	
																10	
																Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:																
	1.1 Salaries (including \$ .....0 for affiliated services) .....																
	1.2 Outsourced Services .....																
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....					XXX		XXX		XXX		XXX					
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....																
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....					XXX		XXX		XXX		XXX					
	1.10 Total (1.7 to 1.9) .....																
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)					0		0		0		0				0	
2.	Small Group Comprehensive Coverage Expenses:																
	2.1 Salaries (including \$ .....0 for affiliated services) .....																
	2.2 Outsourced Services .....																
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....					XXX		XXX		XXX		XXX					
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....																
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....					XXX		XXX		XXX		XXX					
	2.10 Total (2.7 to 2.9) .....																
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)					0		0		0		0				0	
3.	Large Group Comprehensive Coverage Expenses:																
	3.1 Salaries (including \$ .....0 for affiliated services) .....																
	3.2 Outsourced Services .....																
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....					XXX		XXX		XXX		XXX					
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....																
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....					XXX		XXX		XXX		XXX					
	3.10 Total (3.7 to 3.9) .....																
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)					0		0		0		0				0	

216-4.ME

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Maryland		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9							
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	17,849,129	0	17,849,129	XXX	17,849,129
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	17,849,129	0	17,849,129	XXX	17,849,129
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	129,651	0	129,651	0	129,651
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	236,084	0	236,084	0	236,084
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	12,522	0	12,522	0	12,522
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	17,470,871	0	17,470,871	XXX	17,470,871
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(25,953)	0	(25,953)	XXX	(25,953)
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	17,444,918	0	17,444,918	XXX	17,444,918
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	12,660,340	0	12,660,340	XXX	12,660,340
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	(602)	0	(602)	XXX	(602)
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	12,659,738	0	12,659,738	XXX	12,659,738
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	12,659,738	0	12,659,738	XXX	12,659,738
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	0	2,174	0	2,174	0	2,174
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	0	28	0	28	0	28
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	0	20,712	0	20,712	0	20,712
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	0	22,224	0	22,224	0	22,224
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	45,139	0	45,139	0	45,139
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	XXX
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	0	275,769	0	275,769	0	275,769
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	146,751	0	146,751	0	146,751
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	422,519	0	422,519	0	422,519
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.024	0.000	XXX	XXX	XXX	XXX

216-1.MD

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:										Government Business (excluded by statute)	Other Health Business				
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....94,713	.....0	.....94,713	.....0	.....94,713
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,171,824	.....0	.....1,171,824	.....0	.....1,171,824
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....53,539	.....0	.....53,539	.....0	.....53,539
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,669,297	.....0	.....1,669,297	.....0	.....1,669,297
	10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	2,989,373	0	2,989,373	0	2,989,373
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	1,328,149	0	1,328,149	XXX	1,328,149
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,328,149	XXX	1,328,149
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	26,120	0	26,120	0	26,120
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	46,744	0	46,744	0	46,744
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	525	0	525	0	525
4.	Member Months	0	0	0	0	0	0	0	0	0	0	553,983	0	553,983	0	553,983

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Maryland		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12		13	
					Mini-Med Plans														
		1	2	3	4	5	6	7	8										
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans		Government Business (excluded by statute)		Other Health Business		Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		Total (a)	
1. Health Premiums Earned:																			
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	0	17,849,628	0	0	17,849,628	
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	11,930	0	0	11,930	
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	0	0	12,429	0	0	12,429	
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	(499)	0	0	(499)	
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	0	17,849,129	0	0	17,849,129	
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	(2,659)	0	0	(2,659)	
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	1,608	0	0	1,608	
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	24,902	0	0	24,902	
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	0	17,823,176	0	0	17,823,176	
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	0	12,574,773	0	0	12,574,773	
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	0	1,531,591	0	0	1,531,591	
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	1,418,877	0	0	1,418,877	
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	0	27,749	0	0	27,749	
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	0	27,880	0	0	27,880	
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	131	0	0	131	
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	0	12,659,738	0	0	12,659,738	
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	3,202	0	0	3,202	
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	(3,202)	0	0	(3,202)	
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	0	12,659,738	0	0	12,659,738	
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Column 13, Line 1.1 includes direct written premium of \$ 9,913,400 for stand-alone dental and \$ 852,407 for stand-alone vision policies.

216-3.MD

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Maryland		DURING THE YEAR		2018	(LOCATION)		NAIC Company Code		73288
	All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9	10			
		1	2	3	4	5	6	7	8					
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)			
1.	Individual Comprehensive Coverage Expenses:													
	1.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	1.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0			
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0			
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	0	0	0	0	0	0	0	0	0	0			
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0			
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0			
	1.10 Total (1.7 to 1.9) .....	0	0	0	0	0	0	0	0	0	0			
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0			
2.	Small Group Comprehensive Coverage Expenses:													
	2.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	2.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0			
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0			
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	0	0	0	0	0	0	0	0	0	0			
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0			
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0			
	2.10 Total (2.7 to 2.9) .....	0	0	0	0	0	0	0	0	0	0			
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0			
3.	Large Group Comprehensive Coverage Expenses:													
	3.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	3.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0			
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0			
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	0	0	0	0	0	0	0	0	0	0			
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0			
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0			
	3.10 Total (3.7 to 3.9) .....	0	0	0	0	0	0	0	0	0	0			
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0			

216-4.MD

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Massachusetts		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	11,677,458	0	11,677,458	XXX	11,677,458	
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	11,677,458	0	11,677,458	XXX	11,677,458	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	(124,340)	0	(124,340)	0	(124,340)	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	227,273	0	227,273	0	227,273	
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	7,059	0	7,059	0	7,059	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	11,567,467	0	11,567,467	XXX	11,567,467	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	11,567,467	0	11,567,467	XXX	11,567,467	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	8,168,660	0	8,168,660	XXX	8,168,660	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	190	0	190	XXX	190	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	271	0	271	XXX	271	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	8,168,579	0	8,168,579	XXX	8,168,579	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	(5,325)	0	(5,325)	XXX	(5,325)	
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	8,163,254	0	8,163,254	XXX	8,163,254	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	350	0	350	0	350	
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	19	0	19	0	19	
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	15,373	0	15,373	0	15,373	
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	12,329	0	12,329	0	12,329	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	28,071	0	28,071	0	28,071	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	25,125	0	25,125	0	25,125	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	88,519	0	88,519	0	88,519	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	113,645	0	113,645	0	113,645	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.010	0.000	XXX	XXX	XXX	

216-1.MA

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.36,567	.0	.36,567	.0	.36,567
	10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	842,620	.0	842,620	.0	842,620
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	26,057	.0	26,057	.0	26,057
	10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	967,242	.0	967,242	.0	967,242
	10.4a Community Benefit Expenditures (informational only) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	1,872,487	0	1,872,487	0	1,872,487
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	1,390,011	0	1,390,011	XXX	1,390,011
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,390,011	XXX	1,390,011
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	11,540	0	11,540	0	11,540
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	15,361	0	15,361	0	15,361
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	133	0	133	0	133
4.	Member Months	0	0	0	0	0	0	0	0	0	0	189,050	0	189,050	0	189,050

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Massachusetts		DURING THE YEAR			2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13				
		1	2	3	4	5	6	7	8	9								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)				
1. Health Premiums Earned:																		
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	11,676,814	0	11,676,814				
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	53,787	0	53,787				
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	53,143	0	53,143				
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	644	0	644				
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	11,677,458	0	11,677,458				
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	11,677,458	0	11,677,458				
2. Direct Claims Incurred:																		
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	8,267,307	0	8,267,307				
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	829,111	0	829,111				
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	894,474	0	894,474				
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	16,670	0	16,670				
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	17,471	0	17,471				
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	32,565	0	32,565				
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	32,800	0	32,800				
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	235	0	235				
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	8,168,579	0	8,168,579				
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	15,584	0	15,584				
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(17,422)	0	(17,422)				
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	3,487	0	3,487				
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	8,163,254	0	8,163,254				
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0				

(a) Column 13, Line 1.1 includes direct written premium of \$ 2,376,214 for stand-alone dental and \$ 615,491 for stand-alone vision policies.

216-3-MA

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Massachusetts		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
	All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9		10				
		1	2	3	4	5	6	7	8	9		10				
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses		Total Expenses (6 to 9)				
1.	Individual Comprehensive Coverage Expenses:															
	1.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0			
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0			
	1.10 Total (1.7 to 1.9) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0	0			
2.	Small Group Comprehensive Coverage Expenses:															
	2.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0			
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0			
	2.10 Total (2.7 to 2.9) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0	0			
3.	Large Group Comprehensive Coverage Expenses:															
	3.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0			
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0			
	3.10 Total (3.7 to 3.9) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0	0			

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT FOR: 1. CORPORATION      Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code			0119			BUSINESS IN THE STATE OF			Michigan			DURING THE YEAR			2018			(LOCATION)			NAIC Company Code			73288		
			Comprehensive Health Coverage			Business Subject to MLR			Mini-Med Plans		Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
			1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans		Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14									
1. Premium:																										
1.1 Health premiums earned (From Part 2, Line 1.11) .....			3,371	11,539,717	3,768,753	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	17,528,030	.0	.0	.0	.0	.0	.0	.0	.0	
1.2 Federal high risk pools .....			.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.3 State high risk pools .....			.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....			3,371	11,539,717	3,768,753	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	17,528,030	.0	.0	.0	.0	.0	.0	.0	.0	
1.5 Federal taxes and federal assessments .....			(42,113)	481,459	128,006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	582,010	.0	.0	.0	.0	.0	.0	.0	.0	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....			(6,269)	256,498	64,770	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	385,202	.0	.0	.0	.0	.0	.0	.0	.0	
1.6a Community Benefit Expenditures (informational only) .....			.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.7 Regulatory authority licenses and fees .....			363	7,021	2,519	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	45,545	.0	.0	.0	.0	.0	.0	.0	.0	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....			51,390	10,794,739	3,573,458	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	16,515,273	.0	.0	.0	.0	.0	.0	.0	.0	
1.9 Net Assumed less Ceded reinsurance premiums earned .....			.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(1,046,826)	.0	.0	.0	.0	.0	.0	.0	.0	
1.10 Other Adjustments due to MLR calculations - Premiums .....			.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.11 Risk Revenue .....			.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....			51,390	10,794,739	3,573,458	0	0	0	0	0	0	0	0	0	0	0	15,468,447	0	0	0	0	0	0	0	0	
2. Claims:																										
2.1 Incurred claims excluding prescription drugs .....			(17,555)	6,539,045	3,349,002	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	10,769,307	.0	.0	.0	.0	.0	.0	.0	.0	
2.2 Prescription drugs .....			(7,413)	1,322,868	359,291	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	576	.0	.0	.0	.0	.0	.0	.0	.0	
2.3 Pharmaceutical rebates .....			303	167,858	85,318	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Incurred medical incentive pools and bonuses .....			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....			(25,272)	7,694,054	3,622,976	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	10,769,883	.0	.0	.0	.0	.0	.0	.0	.0	
5.1 Net Assumed less Ceded reinsurance claims incurred .....			(128)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(317,282)	.0	.0	.0	.0	.0	.0	.0	.0	
5.2 Other Adjustments due to MLR calculations - Claims .....			(36,655)	(188,094)	(447,051)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
5.3 Rebates paid .....			45,126	506,868	432,256	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	
5.4 Estimated rebates unpaid prior year .....			8,471	797,345	112,416	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	
5.5 Estimated rebates unpaid current year .....			.0	478,571	127,211	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	
5.6 Fee for service and co-pay revenue .....			.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....			(25,400)	7,694,054	3,622,976	0	0	0	0	0	0	0	0	0	0	0	10,452,601	0	0	0	0	0	0	0	0	
6. Improving Health Care Quality Expenses Incurred:																										
6.1 Improve health outcomes .....			(4)	44,417	16,557	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1	157	.0	.0	.0	.0	.0	.0	.0	
6.2 Activities to prevent hospital readmissions .....			.0	17,860	6,662	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1	.0	.0	.0	.0	.0	.0	.0	.0	
6.3 Improve patient safety and reduce medical errors .....			.0	12,164	4,525	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.35	.0	.0	.0	.0	.0	.0	.0	.0	
6.4 Wellness and health promotion activities .....			.0	95,375	35,652	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	82,560	.0	.0	.0	.0	.0	.0	.0	.0	
6.5 Health Information Technology expenses related to health improvement .....			98	22,513	8,400	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	21,386	.0	.0	.0	.0	.0	.0	.0	.0	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....			94	192,329	71,797	0	0	0	0	0	0	0	0	0	0	0	105,139	0	0	0	0	0	0	0	0	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....			(0.490)	0.731	1.034	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																										
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....			.1	65,930	24,566	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	97,325	.0	.0	.0	.0	.0	.0	.0	.0	
8.2 All other claims adjustment expenses .....			13,654	56,224	21,018	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	114,191	.0	.0	.0	.0	.0	.0	.0	.0	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....			13,654	122,154	45,583	0	0	0	0	0	0	0	0	0	0	0	211,516	0	0	0	0	0	0	0	0	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....			0.266	0.011	0.013	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.013	0.000	0.000	XXX	XXX	XXX	XXX	XXX	XXX	

216-1.MI



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	0	37,380	13,945	0	0	0	0	0	0	0	90,547	0	141,871	12,139	154,010
	10.2 Agents and brokers fees and commissions.....	1,060	380,950	141,897	0	0	0	0	0	0	0	1,105,505	0	1,629,411	15,587	1,644,998
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	267	37,360	7,669	0	0	0	0	0	0	0	84,934	0	130,229	8,002	138,231
	10.4 Other general and administrative expenses.....	54,056	972,204	364,958	0	0	0	0	0	0	0	146,832	0	1,538,050	139,657	1,677,707
	10.4a Community Benefit Expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	55,383	1,427,893	528,468	0	0	0	0	0	0	0	1,427,817	0	3,439,562	175,384	3,614,946
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	7,659	1,358,309	(695,365)	0	0	0	0	0	0	0	3,271,373	0	3,941,976	XXX	3,764,547
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	971,455	971,455
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,941,976	XXX	4,736,002
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	1,076	448	0	0	0	0	0	0	0	26,183	0	27,707	233	27,940
2.	Number of Covered Lives	0	2,021	757	0	0	0	0	0	0	0	37,559	0	40,337	444	40,781
3.	Number of Groups	XXX	146	23	XXX	0	0	0	0	0	0	946	0	1,115	3	1,118
4.	Member Months	66	27,039	10,082	0	0	0	0	0	0	0	510,523	0	547,710	5,458	553,168

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	114,957	(292,119)	441,713
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	97,789	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	(208,113)	282,977	(399,256)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	97,917	XXX	637,520	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2.      1100 Employers Boulevard DePere, WI 54115

NAIC Group Code			BUSINESS IN THE STATE OF			DURING THE YEAR				(LOCATION)					
0119			Michigan			2018				NAIC Company Code					
										73288					
			Comprehensive Health Coverage			Business Subject to MLR			9	10	11	12	13		
			Mini-Med Plans			Expatriate Plans:									
			1	2	3	4	5	6						7	8
			Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:															
1.1 Direct premiums written			(2,786)	11,539,717	3,768,753	0	0	0	0	0	0	0	17,534,954	0	32,840,638
1.2 Unearned premium prior year			6,157	0	0	0	0	0	0	0	0	0	99,405	0	105,562
1.3 Unearned premium current year			0	0	0	0	0	0	0	0	0	0	106,328	0	106,328
1.4 Change in unearned premium (Lines 1.2 - 1.3)			6,157	0	0	0	0	0	0	0	0	0	(6,923)	0	(766)
1.5 Paid rate credits			45,126	506,868	432,256	0	0	0	0	0	0	0	0	0	984,250
1.6 Reserve for rate credits current year			0	478,571	127,211	0	0	0	0	0	0	0	0	0	605,782
1.7 Reserve for rate credits prior year			8,471	797,345	112,416	0	0	0	0	0	0	0	0	0	918,232
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)			(8,471)	(318,774)	14,795	0	0	0	0	0	0	0	0	0	(312,450)
1.9 Premium balances written off			0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charge			0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)			3,371	11,539,717	3,768,753	0	0	0	0	0	0	0	17,528,030	0	32,839,872
1.12 Assumed premiums earned from non-affiliates			0	0	0	0	0	0	0	0	0	0	3,250	0	3,250
1.13 Net Assumed less Ceded premiums earned from affiliates			0	0	0	0	0	0	0	0	0	0	(1,025,865)	0	(1,025,865)
1.14 Ceded premiums earned to non-affiliates			0	0	0	0	0	0	0	0	0	0	24,211	0	24,211
1.15 Other Adjustments due to MLR calculation - Premiums			0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)			(33,284)	11,351,623	3,321,701	0	0	0	0	0	0	0	16,481,205	0	31,121,245
2. Direct Claims Incurred:															
2.1 Paid claims during the year			331,336	7,827,887	3,240,212	0	0	0	0	0	0	0	10,895,315	0	22,294,750
2.2 Direct claim liability current year			7,226	46,292	901,013	0	0	0	0	0	0	0	1,215,935	0	2,170,467
2.3 Direct claim liability prior year			317,862	420,732	945,602	0	0	0	0	0	0	0	1,282,696	0	2,966,891
2.4 Direct claim reserves current year			0	187,513	0	0	0	0	0	0	0	0	227,843	0	415,356
2.5 Direct claim reserves prior year			0	190,588	8	0	0	0	0	0	0	0	239,213	0	429,809
2.6 Direct contract reserves current year			0	0	0	0	0	0	0	0	0	0	13,721	0	13,721
2.7 Direct contract reserves prior year			97,483	0	0	0	0	0	0	0	0	0	53,830	0	151,313
2.8 Paid rate credits			45,126	506,868	432,256	0	0	0	0	0	0	0	0	0	984,250
2.9 Reserve for rate credits current year			0	478,571	127,211	0	0	0	0	0	0	0	0	0	605,782
2.10 Reserve for rate credits prior year			8,471	797,345	112,416	0	0	0	0	0	0	0	0	0	918,232
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)			0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year			0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year			0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year			0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)			(14,855)	(55,588)	19,691	0	0	0	0	0	0	0	7,193	0	(43,559)
2.12a Healthcare receivables current year			(2,461)	92,236	21,810	0	0	0	0	0	0	0	7,279	0	118,863
2.12b Healthcare receivables prior year			12,394	147,824	2,119	0	0	0	0	0	0	0	86	0	162,422
2.13 Group conversion charge			0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment			0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)			(25,272)	7,694,054	3,622,976	0	0	0	0	0	0	0	10,769,883	0	22,061,641
2.16 Assumed incurred claims from non-affiliates			0	0	0	0	0	0	0	0	0	0	334,602	0	334,602
2.17 Net assumed less ceded incurred claims from affiliates			0	0	0	0	0	0	0	0	0	0	(282,363)	0	(282,363)
2.18 Ceded incurred claims to non-affiliates			128	0	0	0	0	0	0	0	0	0	369,521	0	369,649
2.19 Other adjustments due to MLR calculation - Claims			0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)			(62,056)	7,505,961	3,175,924	0	0	0	0	0	0	0	10,452,601	0	21,072,430
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)			0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of \$ 8,656,767 for stand-alone dental and \$ 1,131,545 for stand-alone vision policies.

216-3-M1

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Michigan	DURING THE YEAR			2018	(LOCATION) NAIC Company Code		73288
	All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses				
		1	2	3	4	5	6	7	8	9	10	
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:											
	1.1 Salaries (including \$ .....3,407 for affiliated services) .....	0	0	0	0	51	50	(10)	5,762	28,271	34,073	
	1.2 Outsourced Services .....	(4)	0	0	0	21	17	(4)	3,444	12,261	15,718	
	1.3 EDP Equipment and Software (incl \$ .....281 for affiliated services) .....	0	0	0	0	4	4	(1)	724	2,084	2,811	
	1.4 Other Equipment (excl. EDP) (incl \$ .....7 for affiliated services) .....	0	0	0	0	0	0	0	18	52	70	
	1.5 Accreditation and Certification (incl \$ .....3 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	7	21	29	
	1.6 Other Expenses (incl \$ .....1,616 for affiliated services) .....	0	0	0	0	22	22	16	3,698	12,427	16,163	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	(4)	0	0	0	98	94	1	13,654	55,116	68,864	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	267	267	
	1.10 Total (1.7 to 1.9) .....	(4)	0	0	0	98	94	1	13,654	55,383	69,132	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0	
2.	Small Group Comprehensive Coverage Expenses:											
	2.1 Salaries (including \$ .....65,166 for affiliated services) .....	13,711	619	4,949	65,133	11,436	95,848	29,920	30,084	495,809	651,660	
	2.2 Outsourced Services .....	23,399	16,914	4,729	17,059	4,838	66,939	20,408	11,145	278,768	377,260	
	2.3 EDP Equipment and Software (incl \$ .....4,555 for affiliated services) .....	1,114	48	313	2,831	1,016	5,323	2,026	2,249	35,950	45,547	
	2.4 Other Equipment (excl. EDP) (incl \$ .....111 for affiliated services) .....	28	1	8	39	25	101	51	53	900	1,105	
	2.5 Accreditation and Certification (incl \$ .....41 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	21	22	366	408	
	2.6 Other Expenses (incl \$ .....62,904 for affiliated services) .....	6,165	277	2,165	10,313	5,198	24,118	13,505	12,671	578,742	629,036	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	44,417	17,860	12,164	95,375	22,513	192,329	65,930	56,224	1,390,534	1,705,017	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37,360	37,360	
	2.10 Total (2.7 to 2.9) .....	44,417	17,860	12,164	95,375	22,513	192,329	65,930	56,224	1,427,893	1,742,376	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	13,318	0	0	13,318	
3.	Large Group Comprehensive Coverage Expenses:											
	3.1 Salaries (including \$ .....24,453 for affiliated services) .....	5,110	234	1,840	24,362	4,269	35,813	11,115	11,272	186,332	244,533	
	3.2 Outsourced Services .....	8,724	6,307	1,762	6,365	1,805	24,963	7,649	4,156	104,263	141,031	
	3.3 EDP Equipment and Software (incl \$ .....1,710 for affiliated services) .....	415	18	117	1,058	380	1,989	756	840	13,515	17,099	
	3.4 Other Equipment (excl. EDP) (incl \$ .....41 for affiliated services) .....	10	0	3	14	9	38	19	20	339	415	
	3.5 Accreditation and Certification (incl \$ .....15 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	8	8	138	153	
	3.6 Other Expenses (incl \$ .....23,495 for affiliated services) .....	2,297	104	804	3,853	1,937	8,994	5,019	4,722	216,213	234,948	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	16,557	6,662	4,525	35,652	8,400	71,797	24,566	21,018	520,799	638,179	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,669	7,669	
	3.10 Total (3.7 to 3.9) .....	16,557	6,662	4,525	35,652	8,400	71,797	24,566	21,018	528,468	645,848	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	4,966	0	0	4,966	

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Minnesota		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		3,655	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.2 Federal high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 State high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		3,655	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.5 Federal taxes and federal assessments .....		(5,686)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		(810)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6a Community Benefit Expenditures (informational only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.7 Regulatory authority licenses and fees .....		.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		10,148	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.10 Other Adjustments due to MLR calculations - Premiums .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.11 Risk Revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		10,148	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		35,449	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Pharmaceutical rebates .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Incurred medical incentive pools and bonuses .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		35,449	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Net Assumed less Ceded reinsurance claims incurred .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Other Adjustments due to MLR calculations - Claims .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.3 Rebates paid .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.4 Estimated rebates unpaid prior year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.5 Estimated rebates unpaid current year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.6 Fee for service and co-pay revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		35,449	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		.10	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.2 Activities to prevent hospital readmissions .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.3 Improve patient safety and reduce medical errors .....		.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.4 Wellness and health promotion activities .....		.14	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.5 Health Information Technology expenses related to health improvement .....		.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		33	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		3.497	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.19	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.2 All other claims adjustment expenses .....		.26	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		45	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.004	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.016	0.000	0.000	0.000	0.000	0.000

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.16	.0	.0	.0	.0	.0	.0	.0	.0	.0	14,606	.0	14,622	.0	14,622
	10.2 Agents and brokers fees and commissions.....	.19	.0	.0	.0	.0	.0	.0	.0	.0	.0	164,226	.0	164,245	.0	164,245
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	(155)	.0	.0	.0	.0	.0	.0	.0	.0	.0	20,127	.0	19,972	.0	19,972
	10.4 Other general and administrative expenses.....	.347	.0	.0	.0	.0	.0	.0	.0	.0	.0	(886,595)	.0	(886,248)	.0	(886,248)
	10.4a Community Benefit Expenditures (informational only) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	226	0	0	0	0	0	0	0	0	0	(687,635)	0	(687,409)	0	(687,409)
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(25,605)	0	0	0	0	0	0	0	0	0	965,700	0	940,095	XXX	940,095
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	940,095	XXX	940,095
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	1	0	0	0	0	0	0	0	0	0	3,899	0	3,900	0	3,900
2.	Number of Covered Lives	1	0	0	0	0	0	0	0	0	0	5,999	0	6,000	0	6,000
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	76	0	76	0	76
4.	Member Months	12	0	0	0	0	0	0	0	0	0	71,463	0	71,475	0	71,475

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

216-3.MN

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Minnesota		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13		
		Mini-Med Plans							Student Health Plans								
		1	2	3	4	5	6	7		8							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group			Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)		
1. Health Premiums Earned:																	
1.1 Direct premiums written		3,655	0	0	0	0	0	0	0	0	0	0	2,278,514	0	2,282,169		
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	9,297	0	9,297		
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	10,567	0	10,567		
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	(1,270)	0	(1,270)		
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		3,655	0	0	0	0	0	0	0	0	0	0	2,277,244	0	2,280,899		
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(360)	0	(360)		
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		3,655	0	0	0	0	0	0	0	0	0	0	2,276,884	0	2,280,539		
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		34,304	0	0	0	0	0	0	0	0	0	0	1,761,085	0	1,795,389		
2.2 Direct claim liability current year		1,667	0	0	0	0	0	0	0	0	0	0	240,409	0	242,077		
2.3 Direct claim liability prior year		522	0	0	0	0	0	0	0	0	0	0	237,631	0	238,153		
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	38,881	0	38,881		
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	52,965	0	52,965		
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	17,151	0	17,151		
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	17,227	0	17,227		
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	76	0	76		
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		35,449	0	0	0	0	0	0	0	0	0	0	1,732,629	0	1,768,077		
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(14,524)	0	(14,524)		
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	14,131	0	14,131		
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	711	0	711		
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		35,449	0	0	0	0	0	0	0	0	0	0	1,731,525	0	1,766,973		
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Column 13, Line 1.1 includes direct written premium of \$ 348,103 for stand-alone dental and \$ 495,347 for stand-alone vision policies.



## SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

[illegible]

216-4.MN

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

2. 1100 Employers Boulevard DePere, WI 54115

REPORT FOR: 1. CORPORATION

Humana Insurance Company

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Mississippi		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288							
		Comprehensive Health Coverage			Business Subject to MLR Mini-Med Plans			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans		Government Business (excluded by statute)		Other Health Business		Subtotal (Cols. 1 through 12)		Uninsured Plans		Total 13 + 14			
		Individual			Individual																		
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		712,845	10,977,471	10,315,976	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	17,267,205	.0	39,273,498	XXX		39,273,498			
1.2 Federal high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX		.0			
1.3 State high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX		.0			
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		712,845	10,977,471	10,315,976	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	17,267,205	.0	39,273,498	XXX		39,273,498			
1.5 Federal taxes and federal assessments .....		586,896	281,342	28,178	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	482,091	.0	1,378,506		(117,438)	1,261,068			
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		87,368	251,350	161,563	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	390,506	.0	890,787		(17,686)	873,100			
1.6a Community Benefit Expenditures (informational only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
1.7 Regulatory authority licenses and fees .....		8,281	8,189	5,189	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	34,989	.0	56,648		2,707	59,356			
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		30,301	10,436,590	10,121,046	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	16,359,620	.0	36,947,557	XXX		37,079,974			
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(3,477,817)	.0	(3,477,817)	XXX		(3,477,817)			
1.10 Other Adjustments due to MLR calculations - Premiums .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX		.0			
1.11 Risk Revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX		.0			
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		30,301	10,436,590	10,121,046	0	0	0	0	0	0	0	0	0	0	12,881,803	0	33,469,740	XXX		33,602,157			
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		(2,406,185)	6,516,315	8,991,574	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	11,466,861	.0	24,568,565	XXX		24,568,565			
2.2 Prescription drugs .....		(265,742)	1,790,840	1,814,191	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	521	.0	3,339,810	XXX		3,339,810			
2.3 Pharmaceutical rebates .....		(1,651)	382,645	354,425	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	735,419	XXX		735,419			
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX		0			
3. Incurred medical incentive pools and bonuses .....		(262,477)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(262,477)	XXX		(262,477)			
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		(2,932,753)	7,924,510	10,451,340	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	11,467,381	.0	26,910,479	XXX		26,910,479			
5.1 Net Assumed less Ceded reinsurance claims incurred .....		(1,502)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(2,580,019)	.0	(2,581,520)	XXX		(2,581,520)			
5.2 Other Adjustments due to MLR calculations - Claims .....		.0	.0	134,802	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	134,802	XXX		134,802			
5.3 Rebates paid .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0	XXX		.0			
5.4 Estimated rebates unpaid prior year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0	XXX		.0			
5.5 Estimated rebates unpaid current year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0	XXX		.0			
5.6 Fee for service and co-pay revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX		.0			
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		(2,934,254)	7,924,510	10,586,142	0	0	0	0	0	0	0	0	0	0	8,887,363	0	24,463,760	XXX		24,463,760			
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....		.0	42,487	40,720	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,102	.0	84,309		11,059	95,369			
6.2 Activities to prevent hospital readmissions .....		.0	16,630	16,005	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	32,635		482	33,117			
6.3 Improve patient safety and reduce medical errors .....		.0	12,807	12,250	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	27	.0	25,084		4,323	29,406			
6.4 Wellness and health promotion activities .....		.0	91,284	97,171	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	56,896	.0	245,351		12,583	257,934			
6.5 Health Information Technology expenses related to health improvement .....		.0	20,909	20,146	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	19,471	.0	60,526		10,690	71,216			
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	184,117	186,292	0	0	0	0	0	0	0	0	0	0	77,497	0	447,905		39,137	487,042			
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		(96.788)	0.777	1.051	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	0.000	0.000	XXX	XXX	XXX	XXX			
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.1	67,510	65,375	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	73,668	.0	206,554		51,366	257,919			
8.2 All other claims adjustment expenses .....		(41,757)	59,073	63,845	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	95,087	.0	176,248		45,417	221,666			
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		(41,757)	126,583	129,220	0	0	0	0	0	0	0	0	0	0	168,755	0	382,802		96,783	479,585			
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		(1.378)	0.012	0.013	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.010	0.000	0.000	0.000	XXX	XXX	XXX				

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	0	34,920	36,023	0	0	0	0	0	0	0	80,053	0	150,996	31,089	182,085
10.2 Agents and brokers fees and commissions.....	2,751	412,865	213,581	0	0	0	0	0	0	0	1,008,717	0	1,637,914	117,522	1,755,436
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	16,552	29,189	13,860	0	0	0	0	0	0	0	109,433	0	169,033	12,888	181,921
10.4 Other general and administrative expenses.....	21,517	723,451	883,171	0	0	0	0	0	0	0	(385,015)	0	1,243,124	380,680	1,623,804
10.4a Community Benefit Expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	40,819	1,200,425	1,146,635	0	0	0	0	0	0	0	813,188	0	3,201,067	542,178	3,743,246
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	2,965,492	1,000,956	(1,927,243)	0	0	0	0	0	0	0	2,935,000	0	4,974,205	XXX	4,428,524
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	685,572	685,572
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,974,205	XXX	5,114,095
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	1,122	1,206	0	0	0	0	0	0	0	28,234	0	30,562	787	31,349
2. Number of Covered Lives	0	1,920	1,654	0	0	0	0	0	0	0	43,969	0	47,543	1,544	49,087
3. Number of Groups	XXX	225	38	XXX	0	0	0	0	0	0	397	0	660	13	673
4. Member Months	1,173	24,931	24,050	0	0	0	0	0	0	0	562,333	0	612,487	17,493	629,980

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(6,476,040)	(55,892)	(4,715,938)	(298,505)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	1,142,938	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	6,306,648	(115,838)	9,062,011	(198,413)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	1,144,439	XXX	7,961,026	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company  
**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Mississippi		DURING THE YEAR			2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13			
		Mini-Med Plans							Student Health Plans									
		1	2	3	4	5	6	7		8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group			Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																		
1.1	Direct premiums written	712,845	10,977,471	10,315,976	0	0	0	0	0	0	0	0	17,273,635	0	39,279,928			
1.2	Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	33,328	0	33,328			
1.3	Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	39,758	0	39,758			
1.4	Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	(6,430)	0	(6,430)			
1.5	Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6	Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7	Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9	Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10	Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11	Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	712,845	10,977,471	10,315,976	0	0	0	0	0	0	0	0	17,267,205	0	39,273,498			
1.12	Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13	Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	(3,215,588)	0	(3,215,588)			
1.14	Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	262,229	0	262,229			
1.15	Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	712,845	10,977,471	10,315,976	0	0	0	0	0	0	0	0	13,789,388	0	35,795,681			
2. Direct Claims Incurred:																		
2.1	Paid claims during the year	1,972,563	7,881,538	10,508,000	0	0	0	0	0	0	0	0	11,003,407	0	31,365,508			
2.2	Direct claim liability current year	165,943	1,049,635	881,470	0	0	0	0	0	0	0	0	2,278,983	0	4,376,032			
2.3	Direct claim liability prior year	5,235,810	1,224,589	720,965	0	0	0	0	0	0	0	0	1,876,246	0	9,057,610			
2.4	Direct claim reserves current year	0	2,530	633	0	0	0	0	0	0	0	0	0	0	3,164			
2.5	Direct claim reserves prior year	0	2,010	184	0	0	0	0	0	0	0	0	0	0	2,194			
2.6	Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	532,205	0	532,205			
2.7	Direct contract reserves prior year	(1)	0	0	0	0	0	0	0	0	0	0	439,274	0	439,273			
2.8	Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9	Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10	Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	(262,477)	0	0	0	0	0	0	0	0	0	0	0	0	(262,477)			
2.11a	Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b	Accrued medical incentive pools and bonuses current year	381,363	0	0	0	0	0	0	0	0	0	0	0	0	381,363			
2.11c	Accrued medical incentive pools and bonuses prior year	643,840	0	0	0	0	0	0	0	0	0	0	0	0	643,840			
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)	(427,028)	(217,405)	217,615	0	0	0	0	0	0	0	0	31,693	0	(395,125)			
2.12a	Healthcare receivables current year	13,083	129,389	95,067	0	0	0	0	0	0	0	0	31,694	0	269,233			
2.12b	Healthcare receivables prior year	440,110	346,794	(122,547)	0	0	0	0	0	0	0	0	1	0	664,358			
2.13	Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14	Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15	Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	(2,932,753)	7,924,510	10,451,340	0	0	0	0	0	0	0	0	11,467,381	0	26,910,479			
2.16	Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	21,771	0	21,771			
2.17	Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	(2,315,039)	0	(2,315,039)			
2.18	Ceded incurred claims to non-affiliates	1,502	0	0	0	0	0	0	0	0	0	0	286,751	0	288,253			
2.19	Other adjustments due to MLR calculation - Claims	0	0	134,802	0	0	0	0	0	0	0	0	0	0	134,802			
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	(2,934,254)	7,924,510	10,586,142	0	0	0	0	0	0	0	0	8,887,363	0	24,463,760			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Column 13, Line 1.1 includes direct written premium of \$ 5,520,496 for stand-alone dental and \$ 1,254,497 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Mississippi		DURING THE YEAR		2018	(LOCATION)		NAIC Company Code	73288
		All Expenses				Improving Health Care Quality Expenses				Claims Adjustment Expenses			
				1	2	3	4	5	6	7	8	9	10
				Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ .....(2,027) for affiliated services) .....			0	0	0	0	0	0	(1)	(41,730)	21,457	(20,274)
	1.2 Outsourced Services .....			0	0	0	0	0	0	0	(12)	(1)	(13)
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....			0	0	0	0	0	0	0	(3)	0	(3)
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....			0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....			0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl \$ .....280 for affiliated services) .....			0	0	0	0	0	0	2	(12)	2,812	2,801
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....			0	0	0	0	0	0	1	(41,757)	24,267	(17,489)
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....			0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,552	16,552
	1.10 Total (1.7 to 1.9) .....			0	0	0	0	0	0	1	(41,757)	40,819	(937)
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)			0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ .....56,087 for affiliated services) .....			13,386	626	5,496	63,150	10,625	93,283	32,455	31,639	403,494	560,872
	2.2 Outsourced Services .....			22,072	15,685	4,648	15,759	4,494	62,658	18,726	11,674	163,083	256,141
	2.3 EDP Equipment and Software (incl \$ .....3,788 for affiliated services) .....			1,026	44	290	2,691	945	4,997	1,876	2,222	28,785	37,880
	2.4 Other Equipment (excl. EDP) (incl \$ .....91 for affiliated services) .....			25	1	7	36	23	92	46	53	721	912
	2.5 Accreditation and Certification (incl \$ .....33 for affiliated services) .....			0	XXX	XXX	XXX	XXX	0	19	21	293	333
	2.6 Other Expenses (incl \$ .....62,580 for affiliated services) .....			5,978	274	2,366	9,648	4,821	23,087	14,387	13,464	574,859	625,798
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....			42,487	16,630	12,807	91,284	20,909	184,117	67,510	59,073	1,171,236	1,481,936
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....			0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,189	29,189
	2.10 Total (2.7 to 2.9) .....			42,487	16,630	12,807	91,284	20,909	184,117	67,510	59,073	1,200,425	1,511,125
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)			0	0	0	0	0	0	12,275	0	0	12,275
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ .....57,332 for affiliated services) .....			12,855	562	5,246	69,187	10,235	98,085	31,196	35,613	408,429	573,322
	3.2 Outsourced Services .....			21,112	15,149	4,461	15,188	4,329	60,238	18,428	12,036	316,936	407,638
	3.3 EDP Equipment and Software (incl \$ .....3,844 for affiliated services) .....			987	43	278	2,850	910	5,068	1,837	2,320	29,218	38,443
	3.4 Other Equipment (excl. EDP) (incl \$ .....92 for affiliated services) .....			25	1	7	35	23	91	46	55	731	924
	3.5 Accreditation and Certification (incl \$ .....34 for affiliated services) .....			0	XXX	XXX	XXX	XXX	0	18	22	297	338
	3.6 Other Expenses (incl \$ .....42,762 for affiliated services) .....			5,741	251	2,258	9,911	4,648	22,808	13,851	13,799	377,165	427,623
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....			40,720	16,005	12,250	97,171	20,146	186,292	65,375	63,845	1,132,775	1,448,287
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....			0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,860	13,860
	3.10 Total (3.7 to 3.9) .....			40,720	16,005	12,250	97,171	20,146	186,292	65,375	63,845	1,146,635	1,462,147
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)			0	0	0	0	0	0	11,979	0	0	11,979

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

2. 1100 Employers Boulevard DePere, WI 54115

REPORT FOR: 1. CORPORATION

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Missouri		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10	11	12	13	14	15
		1	2	3	4	5	6	7	8	Student Health Plans							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group		Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11)		(1,197,932)	59,686,162	36,191,956	0	0	0	0	0	0	0	38,547,016	0	133,227,202	XXX	133,227,202	
1.2 Federal high risk pools		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)		(1,197,932)	59,686,162	36,191,956	0	0	0	0	0	0	0	38,547,016	0	133,227,202	XXX	133,227,202	
1.5 Federal taxes and federal assessments		527,556	1,012,509	771,190	0	0	0	0	0	0	0	263,323	0	2,574,578	(802,728)	1,771,850	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ )		83,913	686,819	398,384	0	0	0	0	0	0	0	430,743	0	1,599,859	(121,286)	1,478,573	
1.6a Community Benefit Expenditures (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees		9,820	37,284	19,091	0	0	0	0	0	0	0	61,793	0	127,988	15,889	143,877	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)		(1,819,221)	57,949,550	35,003,290	0	0	0	0	0	0	0	37,791,158	0	128,924,777	XXX	129,832,902	
1.9 Net Assumed less Ceded reinsurance premiums earned		0	0	0	0	0	0	0	0	0	0	(658,101)	0	(658,101)	XXX	(658,101)	
1.10 Other Adjustments due to MLR calculations - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)		(1,819,221)	57,949,550	35,003,290	0	0	0	0	0	0	0	37,133,057	0	128,266,676	XXX	129,174,801	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs		(4,454,051)	40,583,618	25,065,951	0	0	0	0	0	0	0	28,664,715	0	89,860,234	XXX	89,860,234	
2.2 Prescription drugs		(431,452)	10,903,547	7,639,229	0	0	0	0	0	0	0	370	0	18,111,694	XXX	18,111,694	
2.3 Pharmaceutical rebates		(15,607)	2,049,919	1,606,513	0	0	0	0	0	0	0	(6)	0	3,640,819	XXX	3,640,819	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)		(4,869,896)	49,437,246	31,098,667	0	0	0	0	0	0	0	28,665,091	0	104,331,109	XXX	104,331,109	
5.1 Net Assumed less Ceded reinsurance claims incurred		(459)	83,495	58,826	0	0	0	0	0	0	0	(66,489)	0	(66,948)	XXX	(66,948)	
5.2 Other Adjustments due to MLR calculations - Claims		0	0	364,711	0	0	0	0	0	0	0	0	0	364,711	XXX	364,711	
5.3 Rebates paid		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)		(4,870,355)	49,437,246	31,463,378	0	0	0	0	0	0	0	28,598,602	0	104,628,872	XXX	104,628,872	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes		0	210,277	147,326	0	0	0	0	0	0	0	2,284	0	359,888	53,623	413,510	
6.2 Activities to prevent hospital readmissions		0	83,495	58,826	0	0	0	0	0	0	0	1	0	142,322	2,498	144,820	
6.3 Improve patient safety and reduce medical errors		0	62,013	42,819	0	0	0	0	0	0	0	81	0	104,912	15,741	120,654	
6.4 Wellness and health promotion activities		0	577,919	471,580	0	0	0	0	0	0	0	229,996	0	1,279,494	243,294	1,522,789	
6.5 Health Information Technology expenses related to health improvement		0	106,015	73,489	0	0	0	0	0	0	0	53,005	0	232,509	58,252	290,761	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)		0	1,039,719	794,040	0	0	0	0	0	0	0	285,366	0	2,119,126	373,408	2,492,534	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8		2.677	0.871	0.911	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6		0	329,613	231,088	0	0	0	0	0	0	0	126,828	0	687,529	234,812	922,341	
8.2 All other claims adjustment expenses		(56,968)	317,505	225,803	0	0	0	0	0	0	0	216,475	0	702,814	229,818	932,632	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)		(56,968)	647,118	456,891	0	0	0	0	0	0	0	343,303	0	1,390,343	464,630	1,854,973	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)		0.031	0.011	0.013	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.009	0.000	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR								10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group							
10.	General and Administrative (G&A) Expenses:														
	10.1 Direct sales salaries and benefits .....	0	184,259	140,051	0	0	0	0	0	0	152,220	0	476,531	203,190	679,721
	10.2 Agents and brokers fees and commissions.....	(23,074)	2,685,385	1,934,255	0	0	0	0	0	0	2,838,433	0	7,434,999	1,419,604	8,854,603
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	16,000	121,351	76,159	0	0	0	0	0	0	139,896	0	353,405	77,133	430,538
	10.4 Other general and administrative expenses.....	19	3,582,981	2,548,433	0	0	0	0	0	0	2,938,559	0	9,069,993	2,162,196	11,232,188
	10.4a Community Benefit Expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	(7,054)	6,573,976	4,698,898	0	0	0	0	0	0	6,069,109	0	17,334,928	3,862,122	21,197,050
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	3,115,157	251,490	(2,409,917)	0	0	0	0	0	0	1,836,678	0	2,793,407	XXX	(998,628)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,448,588	5,448,588
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,793,407	XXX	4,449,960
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1.	Number of certificates/policies	0	5,668	4,850	0	0	0	0	0	0	56,365	0	66,883	5,445	72,328
2.	Number of Covered Lives	0	9,006	7,635	0	0	0	0	0	0	89,390	0	106,031	8,827	114,858
3.	Number of Groups	XXX	910	77	XXX	0	0	0	0	0	3,588	0	4,575	264	4,839
4.	Member Months	743	124,932	87,882	0	0	0	0	0	0	1,016,625	0	1,230,182	90,494	1,320,676

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(1,458,221)	1,166,316	8,974,901	3,528,957
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	349,381	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	(938,682)	(2,420,233)	(10,432,561)	(6,145,095)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	349,840	XXX	2,337,996	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Missouri		DURING THE YEAR			2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13			
					Mini-Med Plans					Student Health Plans								
		1	2	3	4	5	6	7	8									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group		Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)				
1. Health Premiums Earned:																		
1.1 Direct premiums written		(1,197,932)	59,686,162	36,191,956	0	0	0	0	0	0	0	38,559,721	0	133,239,907				
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	61,731	0	61,731				
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	74,437	0	74,437				
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(12,705)	0	(12,705)				
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		(1,197,932)	59,686,162	36,191,956	0	0	0	0	0	0	0	38,547,016	0	133,227,202				
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	(109,805)	0	(109,805)				
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(522,087)	0	(522,087)				
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	26,210	0	26,210				
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		(1,197,932)	59,686,162	36,191,956	0	0	0	0	0	0	0	37,888,915	0	132,569,101				
2. Direct Claims Incurred:																		
2.1 Paid claims during the year		2,794,221	49,927,907	30,117,042	0	0	0	0	0	0	0	27,265,717	0	110,104,887				
2.2 Direct claim liability current year		108,365	2,939,187	4,588,495	0	0	0	0	0	0	0	3,654,401	0	11,290,448				
2.3 Direct claim liability prior year		8,505,373	3,434,671	3,791,132	0	0	0	0	0	0	0	2,789,747	0	18,520,924				
2.4 Direct claim reserves current year		0	147,682	2,662	0	0	0	0	0	0	0	6,128	0	156,472				
2.5 Direct claim reserves prior year		0	117,776	183	0	0	0	0	0	0	0	6,815	0	124,775				
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	3,167,307	0	3,167,307				
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	2,514,314	0	2,514,313				
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		(732,891)	25,082	(181,783)	0	0	0	0	0	0	0	117,586	0	(772,006)				
2.12a Healthcare receivables current year		1,050	652,050	471,863	0	0	0	0	0	0	0	117,661	0	1,242,624				
2.12b Healthcare receivables prior year		733,941	626,968	653,646	0	0	0	0	0	0	0	75	0	2,014,631				
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		(4,869,896)	49,437,246	31,098,667	0	0	0	0	0	0	0	28,665,091	0	104,331,109				
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	(383,248)	0	(383,248)				
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	286,102	0	286,102				
2.18 Ceded incurred claims to non-affiliates		459	0	0	0	0	0	0	0	0	0	(30,657)	0	(30,198)				
2.19 Other adjustments due to MLR calculation - Claims		0	0	364,711	0	0	0	0	0	0	0	0	0	364,711				
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		(4,870,355)	49,437,246	31,463,378	0	0	0	0	0	0	0	28,598,602	0	104,628,872				
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0				

(a) Column 13, Line 1.1 includes direct written premium of \$ 11,420,817 for stand-alone dental and \$ 2,479,463 for stand-alone vision policies.

216-3.MO

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Missouri		DURING THE YEAR		2018	(LOCATION)		NAIC Company Code	73288
		All Expenses				Improving Health Care Quality Expenses		Claims Adjustment Expenses					
		1	2	3	4	5	6	7	8	9	10		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)		
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ .....(5,691) for affiliated services) .....	0	0	0	0	0	0	1	(56,929)	17	(56,912)		
	1.2 Outsourced Services .....	0	0	0	0	0	0	0	(17)	33	17		
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	(4)	7	4		
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0		
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0		
	1.6 Other Expenses (incl \$ .....(2,313) for affiliated services) .....	0	0	0	0	0	0	(2)	(18)	(23,112)	(23,132)		
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	0	0	0	0	0	0	0	(56,968)	(23,055)	(80,023)		
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0		
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,000	16,000		
	1.10 Total (1.7 to 1.9) .....	0	0	0	0	0	0	0	(56,968)	(7,054)	(64,023)		
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0		
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ .....296,862 for affiliated services) .....	66,089	3,233	26,293	428,914	53,856	578,385	156,574	175,818	2,057,841	2,968,618		
	2.2 Outsourced Services .....	109,357	78,608	22,876	78,191	22,781	311,813	93,373	60,432	727,498	1,193,117		
	2.3 EDP Equipment and Software (incl \$ .....19,686 for affiliated services) .....	5,138	223	1,447	16,523	4,789	28,122	9,489	11,744	147,505	196,859		
	2.4 Other Equipment (excl. EDP) (incl \$ .....468 for affiliated services) .....	129	5	36	178	119	467	236	280	3,693	4,676		
	2.5 Accreditation and Certification (incl \$ .....171 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	96	114	1,500	1,710		
	2.6 Other Expenses (incl \$ .....377,448 for affiliated services) .....	29,564	1,425	11,361	54,112	24,470	120,932	69,845	69,118	3,514,586	3,774,481		
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	210,277	83,495	62,013	577,919	106,015	1,039,719	329,613	317,505	6,452,625	8,139,462		
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0		
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	121,351	121,351		
	2.10 Total (2.7 to 2.9) .....	210,277	83,495	62,013	577,919	106,015	1,039,719	329,613	317,505	6,573,976	8,260,813		
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	62,029	0	0	62,029		
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ .....216,849 for affiliated services) .....	46,003	2,255	17,994	363,282	37,335	466,869	109,095	125,123	1,467,399	2,168,486		
	3.2 Outsourced Services .....	77,034	55,416	15,995	54,002	15,793	218,241	66,151	42,970	520,731	848,093		
	3.3 EDP Equipment and Software (incl \$ .....14,203 for affiliated services) .....	3,605	157	1,016	13,246	3,319	21,342	6,802	8,441	105,444	142,028		
	3.4 Other Equipment (excl. EDP) (incl \$ .....334 for affiliated services) .....	90	4	25	124	83	326	169	201	2,640	3,336		
	3.5 Accreditation and Certification (incl \$ .....122 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	69	82	1,072	1,222		
	3.6 Other Expenses (incl \$ .....271,050 for affiliated services) .....	20,595	994	7,789	40,926	16,958	87,263	48,802	48,986	2,525,454	2,710,505		
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	147,326	58,826	42,819	471,580	73,489	794,040	231,088	225,803	4,622,739	5,873,670		
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0		
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	76,159	76,159		
	3.10 Total (3.7 to 3.9) .....	147,326	58,826	42,819	471,580	73,489	794,040	231,088	225,803	4,698,898	5,949,829		
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	44,269	0	0	44,269		

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

REPORT FOR: 1. CORPORATION (To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company 2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Montana		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	4,700,442	0	4,700,442	XXX	4,700,442	
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	4,700,442	0	4,700,442	XXX	4,700,442	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	(164,268)	0	(164,268)	0	(164,268)	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	113,176	0	113,176	0	113,176	
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	7,597	0	7,597	0	7,597	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	4,743,938	0	4,743,938	XXX	4,743,938	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	4,743,938	0	4,743,938	XXX	4,743,938	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	3,955,702	0	3,955,702	XXX	3,955,702	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	10	0	10	XXX	10	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	3,955,692	0	3,955,692	XXX	3,955,692	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	3,955,692	0	3,955,692	XXX	3,955,692	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	.8	0	.8	0	.8	
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	.3	0	.3	0	.3	
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	262,434	0	262,434	0	262,434	
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	6,060	0	6,060	0	6,060	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	268,505	0	268,505	0	268,505	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	.6,941	0	.6,941	0	.6,941	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	42,990	0	42,990	0	42,990	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	49,931	0	49,931	0	49,931	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.011	0.000	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	0	0	0	0	0	0	0	0	0	0	9,589	0	9,589	0	9,589
10.2 Agents and brokers fees and commissions.....	0	0	0	0	0	0	0	0	0	0	297,889	0	297,889	0	297,889
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	0	0	0	0	0	0	0	0	0	0	2,687	0	2,687	0	2,687
10.4 Other general and administrative expenses.....	0	0	0	0	0	0	0	0	0	0	(308,199)	0	(308,199)	0	(308,199)
10.4a Community Benefit Expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	1,966	0	1,966	0	1,966
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	467,844	0	467,844	XXX	467,844
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	467,844	XXX	467,844
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	2,584	0	2,584	0	2,584
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	2,584	0	2,584	0	2,584
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member Months	0	0	0	0	0	0	0	0	0	0	31,201	0	31,201	0	31,201

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Montana		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10	11	12	13		
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	4,700,442	0	4,700,442			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	4,700,442	0	4,700,442			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	4,700,442	0	4,700,442			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	3,982,105	0	3,982,105			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	455,858	0	455,858			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	428,872	0	428,872			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	53,400	0	53,400			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	53,547	0	53,547			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	148	0	148			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	3,955,692	0	3,955,692			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	3,955,692	0	3,955,692			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 0 for stand-alone dental and \$ 0 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATIONHumana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119 BUSINESS IN THE STATE OF Montana		DURING THE YEAR				(LOCATION)		2018 NAIC Company Code		73288	
All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses					
		1	2	3	4	5	6	7	8	9	10		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)		
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0	
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0	
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

REPORT FOR: 1. CORPORATION (To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
Humana Insurance Company 2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Nebraska		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	4,022,997	0	4,022,997	XXX	4,022,997
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	4,022,997	0	4,022,997	XXX	4,022,997
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	70,429	0	70,429	(14,513)	55,916
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	41,703	0	41,703	(2,176)	39,527
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	7,068	0	7,068	417	7,485
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	3,903,796	0	3,903,796	XXX	3,920,068
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(22,941)	0	(22,941)	XXX	(22,941)
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	3,880,855	0	3,880,855	XXX	3,897,128
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	2,589,177	0	2,589,177	XXX	2,589,177
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	2,589,177	0	2,589,177	XXX	2,589,177
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(9,138)	0	(9,138)	XXX	(9,138)
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	2,580,039	0	2,580,039	XXX	2,580,039
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	0	230	0	230	1,819	2,049
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	90	90
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	0	3	0	3	358	361
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	0	60,619	0	60,619	459	61,078
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	0	4,975	0	4,975	1,919	6,894
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	65,826	0	65,826	4,645	70,472
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	0	9,211	0	9,211	7,414	16,625
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	29,425	0	29,425	7,633	37,058
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	38,636	0	38,636	15,047	53,683
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.010	0.000	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:										Government Business (excluded by statute)	Other Health Business				
	10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	14,783	.0	14,783	4,323	19,107
	10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	391,677	.0	391,677	746	392,424
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	24,377	.0	24,377	1,710	26,088
	10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(263,741)	.0	(263,741)	56,631	(207,111)
	10.4a Community Benefit Expenditures (informational only) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	167,097	0	167,097	63,411	230,507
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	1,029,257	0	1,029,257	XXX	962,427
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48,616	48,616
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,029,257	XXX	1,011,043
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	4,697	0	4,697	245	4,942
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	6,110	0	6,110	245	6,355
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	83	0	83	1	84
4.	Member Months	0	0	0	0	0	0	0	0	0	0	60,591	0	60,591	3,228	63,819

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Nebraska		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13		
		Mini-Med Plans															
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	4,028,280	0	4,028,280			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	10,865	0	10,865			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	16,148	0	16,148			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(5,283)	0	(5,283)			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	4,022,997	0	4,022,997			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(13,883)	0	(13,883)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	9,058	0	9,058			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	4,000,056	0	4,000,056			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	2,596,713	0	2,596,713			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	312,206	0	312,206			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	305,174	0	305,174			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	42,501	0	42,501			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	43,286	0	43,286			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	13,782	0	13,782			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	13,835	0	13,835			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	53	0	53			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	2,589,177	0	2,589,177			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	(669)	0	(669)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	1,211	0	1,211			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	9,681	0	9,681			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	2,580,039	0	2,580,039			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 736,232 for stand-alone dental and \$ 190,656 for stand-alone vision policies.

216-3-NE



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Nebraska		DURING THE YEAR		2018	(LOCATION)		NAIC Company Code		73288
	All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9	10			
		1	2	3	4	5	6	7	8					
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)			
1.	Individual Comprehensive Coverage Expenses:													
	1.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	1.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0			
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0			
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	0	0	0	0	0	0	0	0	0	0			
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0			
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0			
	1.10 Total (1.7 to 1.9) .....	0	0	0	0	0	0	0	0	0	0			
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0			
2.	Small Group Comprehensive Coverage Expenses:													
	2.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	2.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0			
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0			
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	0	0	0	0	0	0	0	0	0	0			
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0			
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0			
	2.10 Total (2.7 to 2.9) .....	0	0	0	0	0	0	0	0	0	0			
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0			
3.	Large Group Comprehensive Coverage Expenses:													
	3.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	3.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0			
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0			
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0			
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	0	0	0	0	0	0	0	0	0	0			
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0			
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0			
	3.10 Total (3.7 to 3.9) .....	0	0	0	0	0	0	0	0	0	0			
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0			

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-5.NE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

## SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Nevada		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288		
		Comprehensive Health Coverage			Business Subject to MLR			Mini-Med Plans		Expatriate Plans		9	10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 through 12)	14 Uninsured Plans	15 Total 13 + 14
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7	8									
										Individual	Small Group Employer							
1. Premium:																		
1.1 Health premiums earned (From Part 2, Line 1.11)		742	3,373,421	2,266,121	0	0	0	0	0	0	0	0	12,214,558	0	17,854,842	XXX	17,854,842	
1.2 Federal high risk pools		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)		742	3,373,421	2,266,121	0	0	0	0	0	0	0	0	12,214,558	0	17,854,842	XXX	17,854,842	
1.5 Federal taxes and federal assessments		6,954	351,327	212,196	0	0	0	0	0	0	0	0	99,096	0	669,573	(4)	669,570	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ )		1,058	164,259	92,372	0	0	0	0	0	0	0	0	401,465	0	659,155	(1)	659,154	
1.6a Community Benefit Expenditures (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees		0	1,248	1,162	0	0	0	0	0	0	0	0	11,933	0	14,343	0	14,344	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)		(7,270)	2,856,586	1,960,390	0	0	0	0	0	0	0	0	11,702,063	0	16,511,770	XXX	16,511,774	
1.9 Net Assumed less Ceded reinsurance premiums earned		0	0	0	0	0	0	0	0	0	0	0	(57,379)	0	(57,379)	XXX	(57,379)	
1.10 Other Adjustments due to MLR calculations - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)		(7,270)	2,856,586	1,960,390	0	0	0	0	0	0	0	0	11,644,684	0	16,454,391	XXX	16,454,395	
2. Claims:																		
2.1 Incurred claims excluding prescription drugs		(38,446)	980,870	1,049,169	0	0	0	0	0	0	0	0	8,011,754	0	10,003,347	XXX	10,003,347	
2.2 Prescription drugs		(2,016)	146,722	107,285	0	0	0	0	0	0	0	0	534	0	252,525	XXX	252,525	
2.3 Pharmaceutical rebates		281	33,583	22,285	0	0	0	0	0	0	0	0	0	0	56,149	XXX	56,149	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)		(40,743)	1,094,009	1,134,169	0	0	0	0	0	0	0	0	8,012,288	0	10,199,723	XXX	10,199,723	
5.1 Net Assumed less Ceded reinsurance claims incurred		0	0	0	0	0	0	0	0	0	0	0	(10,235)	0	(10,235)	XXX	(10,235)	
5.2 Other Adjustments due to MLR calculations - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.3 Rebates paid		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)		(40,743)	1,094,009	1,134,169	0	0	0	0	0	0	0	0	8,002,053	0	10,189,488	XXX	10,189,488	
6. Improving Health Care Quality Expenses Incurred:																		
6.1 Improve health outcomes		0	5,005	9,426	0	0	0	0	0	0	0	0	627	0	15,059	0	15,059	
6.2 Activities to prevent hospital readmissions		0	1,993	3,851	0	0	0	0	0	0	0	0	0	0	5,845	0	5,845	
6.3 Improve patient safety and reduce medical errors		0	1,366	2,413	0	0	0	0	0	0	0	0	16	0	3,794	0	3,794	
6.4 Wellness and health promotion activities		0	6,737	24,291	0	0	0	0	0	0	0	0	83,088	0	114,116	0	114,116	
6.5 Health Information Technology expenses related to health improvement		0	3,149	4,829	0	0	0	0	0	0	0	0	14,278	0	22,257	0	22,257	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)		0	18,251	44,810	0	0	0	0	0	0	0	0	98,009	0	161,070	0	161,070	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8		5.604	0.389	0.601	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																		
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6		0	7,286	12,754	0	0	0	0	0	0	0	0	45,681	0	65,720	0	65,720	
8.2 All other claims adjustment expenses		33	6,829	11,216	0	0	0	0	0	0	0	0	90,229	0	108,307	0	108,307	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)		33	14,114	23,970	0	0	0	0	0	0	0	0	135,910	0	174,027	0	174,027	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)		(0.005)	0.005	0.012	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.012	0.000	XXX	XXX	XXX	

216-1.NV

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:										Government Business (excluded by statute)	Other Health Business				
	10.1 Direct sales salaries and benefits .....	0	4,739	8,097	0	0	0	0	0	0	0	45,044	0	57,880	0	57,880
	10.2 Agents and brokers fees and commissions.....	(48)	79,699	74,458	0	0	0	0	0	0	0	1,128,410	0	1,282,518	0	1,282,519
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	201	12,786	8,829	0	0	0	0	0	0	0	44,715	0	66,530	0	66,531
	10.4 Other general and administrative expenses.....	12	104,894	159,438	0	0	0	0	0	0	0	254,594	0	518,937	19	518,957
	10.4a Community Benefit Expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	164	202,117	250,822	0	0	0	0	0	0	0	1,472,762	0	1,925,865	20	1,925,886
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	33,275	1,528,095	506,619	0	0	0	0	0	0	0	1,935,950	0	4,003,940	XXX	4,003,923
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,003,940	XXX	4,003,923
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	604	0	0	0	0	0	0	0	13,871	0	14,475	0	14,475
2.	Number of Covered Lives	0	0	912	0	0	0	0	0	0	0	19,240	0	20,152	0	20,152
3.	Number of Groups	XXX	0	9	XXX	0	0	0	0	0	0	553	0	562	0	562
4.	Member Months	0	3,883	10,014	0	0	0	0	0	0	0	246,023	0	259,920	0	259,920

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	(169,017)	0	(316,489)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	1,999,527	0	533,174
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	234,180	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code			BUSINESS IN THE STATE OF			DURING THE YEAR					(LOCATION)				
0119			Nevada			2018					NAIC Company Code				
											73288				
			Business Subject to MLR									10	11	12	13
			Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
			1	2	3	4	5	6	7	8					
			Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:															
1.1 Direct premiums written			742	3,373,421	2,266,121	0	0	0	0	0	0	0	12,206,448	0	17,846,731
1.2 Unearned premium prior year			0	0	0	0	0	0	0	0	0	0	38,898	0	38,898
1.3 Unearned premium current year			0	0	0	0	0	0	0	0	0	0	30,788	0	30,788
1.4 Change in unearned premium (Lines 1.2 - 1.3)			0	0	0	0	0	0	0	0	0	0	8,110	0	8,110
1.5 Paid rate credits			0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 Reserve for rate credits current year			0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Reserve for rate credits prior year			0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)			0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off			0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charge			0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)			742	3,373,421	2,266,121	0	0	0	0	0	0	0	12,214,558	0	17,854,842
1.12 Assumed premiums earned from non-affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates			0	0	0	0	0	0	0	0	0	0	(56,254)	0	(56,254)
1.14 Ceded premiums earned to non-affiliates			0	0	0	0	0	0	0	0	0	0	1,126	0	1,126
1.15 Other Adjustments due to MLR calculation - Premiums			0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)			742	3,373,421	2,266,121	0	0	0	0	0	0	0	12,157,179	0	17,797,462
2. Direct Claims Incurred:															
2.1 Paid claims during the year			(6,504)	1,344,331	1,335,514	0	0	0	0	0	0	0	8,184,274	0	10,857,614
2.2 Direct claim liability current year			1,837	15,805	287,847	0	0	0	0	0	0	0	781,845	0	1,087,333
2.3 Direct claim liability prior year			20,414	395,699	366,892	0	0	0	0	0	0	0	931,534	0	1,714,538
2.4 Direct claim reserves current year			0	10,027	0	0	0	0	0	0	0	0	0	0	10,027
2.5 Direct claim reserves prior year			0	28,143	0	0	0	0	0	0	0	0	0	0	28,143
2.6 Direct contract reserves current year			0	0	0	0	0	0	0	0	0	0	3,543	0	3,543
2.7 Direct contract reserves prior year			0	0	0	0	0	0	0	0	0	0	4,568	0	4,568
2.8 Paid rate credits			0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Reserve for rate credits current year			0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Reserve for rate credits prior year			0	0	0	0	0	0	0	0	0	0	0	0	0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)			0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year			0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year			0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year			0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)			15,662	(147,688)	122,300	0	0	0	0	0	0	0	21,271	0	11,545
2.12a Healthcare receivables current year			2,184	18,421	(3,400)	0	0	0	0	0	0	0	21,510	0	38,714
2.12b Healthcare receivables prior year			(13,478)	166,109	(125,700)	0	0	0	0	0	0	0	239	0	27,169
2.13 Group conversion charge			0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment			0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)			(40,743)	1,094,009	1,134,169	0	0	0	0	0	0	0	8,012,288	0	10,199,723
2.16 Assumed incurred claims from non-affiliates			0	0	0	0	0	0	0	0	0	0	21,080	0	21,080
2.17 Net assumed less ceded incurred claims from affiliates			0	0	0	0	0	0	0	0	0	0	(22,421)	0	(22,421)
2.18 Ceded incurred claims to non-affiliates			0	0	0	0	0	0	0	0	0	0	8,895	0	8,895
2.19 Other adjustments due to MLR calculation - Claims			0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)			(40,743)	1,094,009	1,134,169	0	0	0	0	0	0	0	8,002,053	0	10,189,488
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)			0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of \$ 4,084,497 for stand-alone dental and \$ 584,884 for stand-alone vision policies.

216-3.NV

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2.      1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Nevada		DURING THE YEAR		2018	(LOCATION) NAIC Company Code		73288
	All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses			
		1	2	3	4	5	6	7	8	9	10	
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:											
	1.1 Salaries (including \$ .....(7) for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	(79)	.5	(74)	
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.49	.2	.51	
	1.3 EDP Equipment and Software (incl \$ .....1 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.10	.0	.11	
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	
	1.6 Other Expenses (incl \$ .....1 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.53	(.45)	.8	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.33	(.37)	(.3)	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.201	.201	
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.33	.164	.198	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	
2.	Small Group Comprehensive Coverage Expenses:											
	2.1 Salaries (including \$ .....7,168 for affiliated services) .....	1,554	.61	.558	.3,497	1,601	.7,270	.3,392	1,527	.59,497	.71,685	
	2.2 Outsourced Services .....	2,622	1,899	529	2,019	677	.7,746	2,097	2,292	20,990	.33,126	
	2.3 EDP Equipment and Software (incl \$ .....554 for affiliated services) .....	127	.5	.36	.220	142	.530	.229	465	4,318	5,543	
	2.4 Other Equipment (excl. EDP) (incl \$ .....14 for affiliated services) .....	.3	.0	.1	.5	.4	.12	.6	.11	.108	.138	
	2.5 Accreditation and Certification (incl \$ .....5 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.2	.5	.44	.51	
	2.6 Other Expenses (incl \$ .....11,115 for affiliated services) .....	699	28	244	.997	726	2,693	1,560	2,528	104,374	.111,155	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	5,005	1,993	1,366	.6,737	3,149	18,251	.7,286	6,829	189,331	.221,696	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.12,786	.12,786	
	2.10 Total (2.7 to 2.9) .....	5,005	1,993	1,366	.6,737	3,149	18,251	.7,286	6,829	.202,117	.234,482	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,514	0	0	1,514	
3.	Large Group Comprehensive Coverage Expenses:											
	3.1 Salaries (including \$ .....12,704 for affiliated services) .....	2,855	.116	.938	.17,592	2,454	.23,955	.5,815	5,828	.91,440	.127,038	
	3.2 Outsourced Services .....	5,036	3,672	990	.3,613	1,038	.14,349	.3,828	2,318	.32,397	.52,892	
	3.3 EDP Equipment and Software (incl \$ .....882 for affiliated services) .....	240	10	.67	.702	219	1,239	.437	.476	.6,670	.8,822	
	3.4 Other Equipment (excl. EDP) (incl \$ .....21 for affiliated services) .....	.6	.0	.2	.8	.5	.21	.11	.12	.167	.211	
	3.5 Accreditation and Certification (incl \$ .....8 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.4	.5	.68	.77	
	3.6 Other Expenses (incl \$ .....12,173 for affiliated services) .....	1,289	52	415	2,375	1,114	5,245	2,658	2,578	.111,252	.121,734	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	9,426	3,851	2,413	.24,291	4,829	.44,810	12,754	.11,216	.241,994	.310,773	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.8,829	.8,829	
	3.10 Total (3.7 to 3.9) .....	9,426	3,851	2,413	.24,291	4,829	.44,810	12,754	.11,216	.250,822	.319,602	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	2,880	0	0	2,880	

216-4.NV

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

REPORT FOR: 1. CORPORATION

NAIC Group Code		0119		BUSINESS IN THE STATE OF		New Hampshire		DURING THE YEAR			2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10 Government Business (excluded by statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 through 12)	14 Uninsured Plans	15 Total 13 + 14	
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group	Student Health Plans								
1. Premium:																		
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	1,852,248	0	1,852,248	XXX	1,852,248	
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	1,852,248	0	1,852,248	XXX	1,852,248	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	23,652	0	23,652	0	23,652	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	38,582	0	38,582	0	38,582	
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	3,603	0	3,603	0	3,603	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	1,786,411	0	1,786,411	XXX	1,786,411	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	1,786,411	0	1,786,411	XXX	1,786,411	
2. Claims:																		
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	1,332,616	0	1,332,616	XXX	1,332,616	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	1,332,616	0	1,332,616	XXX	1,332,616	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	1,332,616	0	1,332,616	XXX	1,332,616	
6. Improving Health Care Quality Expenses Incurred:																		
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	0	(33)	0	(33)	0	(33)	
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	0	4	0	4	0	4	
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	0	154,976	0	154,976	0	154,976	
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	0	2,520	0	2,520	0	2,520	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	157,467	0	157,467	0	157,467	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																		
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	0	3,239	0	3,239	0	3,239	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	18,982	0	18,982	0	18,982	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	22,221	0	22,221	0	22,221	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.012	0.000	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	0	0	0	0	0	0	0	0	0	0	7,837	0	7,837	0	7,837
	10.2 Agents and brokers fees and commissions.....	0	0	0	0	0	0	0	0	0	0	131,247	0	131,247	0	131,247
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	0	0	0	0	0	0	0	0	0	0	7,925	0	7,925	0	7,925
	10.4 Other general and administrative expenses.....	0	0	0	0	0	0	0	0	0	0	(189,263)	0	(189,263)	0	(189,263)
	10.4a Community Benefit Expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	(42,254)	0	(42,254)	0	(42,254)
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	316,361	0	316,361	XXX	316,361
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	316,361	XXX	316,361
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	1,830	0	1,830	0	1,830
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	2,407	0	2,407	0	2,407
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	14	0	14	0	14
4.	Member Months	0	0	0	0	0	0	0	0	0	0	30,371	0	30,371	0	30,371

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		New Hampshire		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13		
		Mini-Med Plans							Student Health Plans								
		1	2	3	4	5	6	7		8							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group			Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)		
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	1,852,248	0	1,852,248		
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	1,852,248	0	1,852,248		
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	1,852,248	0	1,852,248		
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	1,260,991	0	1,260,991		
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	152,505	0	152,505		
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	168,489	0	168,489		
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	372,281	0	372,281		
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	265,294	0	265,294		
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	19,378	0	19,378		
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	19,457	0	19,457		
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	79	0	79		
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	1,332,616	0	1,332,616		
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	1	0	1		
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(1)	0	(1)		
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	1,332,616	0	1,332,616		
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		

(a) Column 13, Line 1.1 includes direct written premium of \$ 0 for stand-alone dental and \$ 114,904 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		New Hampshire		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288							
		All Expenses				Improving Health Care Quality Expenses				Claims Adjustment Expenses				9		10							
				1		2		3		4		5		6		7		8		9		10	
				Improve Health Outcomes		Activities to Prevent Hospital Readmissions		Improve Patient Safety and Reduce Medical Errors		Wellness & Health Promotion Activities		HIT Expenses		Total (1 to 5)		Cost Containment Expenses		Other Claims Adjustment Expenses		General Administrative Expenses		Total Expenses (6 to 9)	
1.		Individual Comprehensive Coverage Expenses:																					
1.1		Salaries (including \$ .....0 for affiliated services) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
1.2		Outsourced Services .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
1.3		EDP Equipment and Software (incl \$ .....0 for affiliated services) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
1.4		Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
1.5		Accreditation and Certification (incl \$ .....0 for affiliated services) .....		.0		XXX		XXX		XXX		XXX		.0		.0		.0		.0		.0	
1.6		Other Expenses (incl \$ .....0 for affiliated services) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
1.7		Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
1.8		Reimbursements by uninsured plans and fiscal intermediaries .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
1.9		Taxes, Licenses and Fees (in total, for tying purposes) .....		.XXX		.XXX		.XXX		.XXX		.XXX		.XXX		.XXX		.XXX		.0		.0	
1.10		Total (1.7 to 1.9) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
1.11		Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
2.		Small Group Comprehensive Coverage Expenses:																					
2.1		Salaries (including \$ .....0 for affiliated services) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
2.2		Outsourced Services .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
2.3		EDP Equipment and Software (incl \$ .....0 for affiliated services) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
2.4		Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
2.5		Accreditation and Certification (incl \$ .....0 for affiliated services) .....		.0		XXX		XXX		XXX		XXX		.0		.0		.0		.0		.0	
2.6		Other Expenses (incl \$ .....0 for affiliated services) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
2.7		Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
2.8		Reimbursements by uninsured plans and fiscal intermediaries .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
2.9		Taxes, Licenses and Fees (in total, for tying purposes) .....		.XXX		.XXX		.XXX		.XXX		.XXX		.XXX		.XXX		.XXX		.0		.0	
2.10		Total (2.7 to 2.9) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
2.11		Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
3.		Large Group Comprehensive Coverage Expenses:																					
3.1		Salaries (including \$ .....0 for affiliated services) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
3.2		Outsourced Services .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
3.3		EDP Equipment and Software (incl \$ .....0 for affiliated services) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
3.4		Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
3.5		Accreditation and Certification (incl \$ .....0 for affiliated services) .....		.0		XXX		XXX		XXX		XXX		.0		.0		.0		.0		.0	
3.6		Other Expenses (incl \$ .....0 for affiliated services) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
3.7		Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
3.8		Reimbursements by uninsured plans and fiscal intermediaries .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
3.9		Taxes, Licenses and Fees (in total, for tying purposes) .....		.XXX		.XXX		.XXX		.XXX		.XXX		.XXX		.XXX		.XXX		.0		.0	
3.10		Total (3.7 to 3.9) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
3.11		Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

REPORT FOR: 1. CORPORATION (To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company 2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		New Jersey		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288															
		Business Subject to MLR																													
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9			10			11			12			13			14			15			
		1	2	3	4	5	6	7	8	Student Health Plans			Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14													
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group																						
1. Premium:																															
1.1 Health premiums earned (From Part 2, Line 1.11) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1.2 Federal high risk pools .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1.3 State high risk pools .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1.5 Federal taxes and federal assessments .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1.6a Community Benefit Expenditures (informational only) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1.7 Regulatory authority licenses and fees .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1.10 Other Adjustments due to MLR calculations - Premiums .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1.11 Risk Revenue .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Claims:																															
2.1 Incurred claims excluding prescription drugs .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2.2 Prescription drugs .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2.3 Pharmaceutical rebates .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....44,333	.....0	.....44,333	.....0	.....44,333
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....947,984	.....0	.....947,984	.....0	.....947,984
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....62,003	.....0	.....62,003	.....0	.....62,003
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,544,774	.....0	.....1,544,774	.....0	.....1,544,774
	10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	2,599,094	0	2,599,094	0	2,599,094
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	645,681	0	645,681	XXX	645,681
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	645,681	XXX	645,681
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	14,027	0	14,027	0	14,027
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	16,557	0	16,557	0	16,557
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	49	0	49	0	49
4.	Member Months	0	0	0	0	0	0	0	0	0	0	199,017	0	199,017	0	199,017

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		New Jersey		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13			
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	10,377,485	0	10,377,485			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	95,230	0	95,230			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	103,900	0	103,900			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(8,670)	0	(8,670)			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	10,368,815	0	10,368,815			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	4,145	0	4,145			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	10,364,670	0	10,364,670			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	6,698,391	0	6,698,391			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	756,377	0	756,377			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	612,698	0	612,698			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	20,439	0	20,439			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	20,443	0	20,443			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	4	0	4			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	6,821,631	0	6,821,631			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	6,821,631	0	6,821,631			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 3,515,163 for stand-alone dental and \$ 550,999 for stand-alone vision policies.

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		New Jersey		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		All Expenses				Improving Health Care Quality Expenses				Claims Adjustment Expenses							
				1		2		3		4		5		6		7	
				Improve Health Outcomes		Activities to Prevent Hospital Readmissions		Improve Patient Safety and Reduce Medical Errors		Wellness & Health Promotion Activities		HIT Expenses		Total (1 to 5)		Cost Containment Expenses	
																8	
																Other Claims Adjustment Expenses	
																9	
																General Administrative Expenses	
																10	
																Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:																
	1.1 Salaries (including \$ .....0 for affiliated services) .....																
	1.2 Outsourced Services .....																
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....					XXX		XXX		XXX		XXX					
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....																
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....					XXX		XXX		XXX		XXX		XXX		XXX	
	1.10 Total (1.7 to 1.9) .....																
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)					0		0		0		0		0		0	
2.	Small Group Comprehensive Coverage Expenses:																
	2.1 Salaries (including \$ .....0 for affiliated services) .....																
	2.2 Outsourced Services .....																
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....							XXX		XXX		XXX					
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....																
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....							XXX		XXX		XXX		XXX		XXX	
	2.10 Total (2.7 to 2.9) .....																
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)					0		0		0		0		0		0	
3.	Large Group Comprehensive Coverage Expenses:																
	3.1 Salaries (including \$ .....0 for affiliated services) .....																
	3.2 Outsourced Services .....																
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....							XXX		XXX		XXX					
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....																
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....							XXX		XXX		XXX		XXX		XXX	
	3.10 Total (3.7 to 3.9) .....																
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)					0		0		0		0		0		0	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		New Mexico		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	5,132,902	0	5,132,902	XXX	5,132,902
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	5,132,902	0	5,132,902	XXX	5,132,902
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	109,205	0	109,205	0	109,205
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	173,692	0	173,692	0	173,692
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	10,719	0	10,719	0	10,719
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	4,839,286	0	4,839,286	XXX	4,839,286
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(220,289)	0	(220,289)	XXX	(220,289)
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	4,618,997	0	4,618,997	XXX	4,618,997
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	3,387,926	0	3,387,926	XXX	3,387,926
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	411	0	411	XXX	411
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	3,388,336	0	3,388,336	XXX	3,388,336
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(106,513)	0	(106,513)	XXX	(106,513)
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	3,281,824	0	3,281,824	XXX	3,281,824
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	0	242	0	242	0	242
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	0	2	0	2	0	2
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	0	54,195	0	54,195	0	54,195
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	0	6,639	0	6,639	0	6,639
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	61,078	0	61,078	0	61,078
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	XXX
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	0	12,239	0	12,239	0	12,239
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	43,073	0	43,073	0	43,073
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	55,313	0	55,313	0	55,313
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.011	0.000	XXX	XXX	XXX	XXX

216-1-NM

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:																
10.1 Direct sales salaries and benefits .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....20,992	.....0	.....20,992	.....0	.....20,992
10.2 Agents and brokers fees and commissions.....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....368,353	.....0	.....368,353	.....0	.....368,353
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....46,315	.....0	.....46,315	.....0	.....46,315
10.4 Other general and administrative expenses.....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(613,444)	.....0	.....(613,444)	.....0	.....(613,444)
10.4a Community Benefit Expenditures (informational only) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)		0	0	0	0	0	0	0	0	0	0	(177,784)	0	(177,784)	0	(177,784)
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)		0	0	0	0	0	0	0	0	0	0	1,398,566	0	1,398,566	XXX	1,398,566
12. Income from fees of uninsured plans		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,398,566	XXX	1,398,566
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1. Number of certificates/policies		0	0	0	0	0	0	0	0	0	0	5,107	0	5,107	0	5,107
2. Number of Covered Lives		0	0	0	0	0	0	0	0	0	0	5,678	0	5,678	0	5,678
3. Number of Groups		XXX	0	0	XXX	0	0	0	0	0	0	14	0	14	0	14
4. Member Months		0	0	0	0	0	0	0	0	0	0	76,405	0	76,405	0	76,405

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		New Mexico		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9	10	11	12	13			
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	5,138,873	0	5,138,873			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	26,478	0	26,478			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	32,450	0	32,450			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(5,971)	0	(5,971)			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	5,132,902	0	5,132,902			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(150,890)	0	(150,890)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	69,399	0	69,399			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	4,912,613	0	4,912,613			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	3,441,358	0	3,441,358			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	333,866	0	333,866			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	392,417	0	392,417			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	304,740	0	304,740			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	284,552	0	284,552			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	14,658	0	14,658			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	14,816	0	14,816			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	158	0	158			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	3,388,336	0	3,388,336			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	(18)	0	(18)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(93,894)	0	(93,894)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	12,600	0	12,600			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	3,281,824	0	3,281,824			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 891,652 for stand-alone dental and \$ 174,839 for stand-alone vision policies.

216-3-NM



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		New Mexico		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
	All Expenses		Improving Health Care Quality Expenses										Claims Adjustment Expenses		9		10	
			1	2	3	4	5	6	7	8	9	10						
			Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)						
1.	Individual Comprehensive Coverage Expenses:																	
	1.1 Salaries (including \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	1.2 Outsourced Services .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....		0	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0		
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
	1.10 Total (1.7 to 1.9) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.	Small Group Comprehensive Coverage Expenses:																	
	2.1 Salaries (including \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	2.2 Outsourced Services .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....		0	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0		
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
	2.10 Total (2.7 to 2.9) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
3.	Large Group Comprehensive Coverage Expenses:																	
	3.1 Salaries (including \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	3.2 Outsourced Services .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....		0	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0		
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
	3.10 Total (3.7 to 3.9) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		

216-4.NM

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

## SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		North Carolina		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288		
		Business Subject to MLR																
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12		
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14		
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group									
1. Premium:																		
1.1	Health premiums earned (From Part 2, Line 1.11)	(88)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	24,838,223	.0	24,838,135	XXX	24,838,135
1.2	Federal high risk pools	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
1.3	State high risk pools	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	(88)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	24,838,223	.0	24,838,135	XXX	24,838,135
1.5	Federal taxes and federal assessments	7,846	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	248,824	.0	256,670	(1)	256,668
1.6	State insurance, premium and other taxes (Similar local taxes of \$ )	1,196	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	537,542	.0	538,738	.0	538,738
1.6a	Community Benefit Expenditures (informational only)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.7	Regulatory authority licenses and fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	25,163	.0	25,163	.0	25,163
1.8	Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	(9,131)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	24,026,694	.0	24,017,564	XXX	24,017,565
1.9	Net Assumed less Ceded reinsurance premiums earned	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(921,884)	.0	(921,884)	XXX	(921,884)
1.10	Other Adjustments due to MLR calculations - Premiums	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
1.11	Risk Revenue	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	(9,131)	0	0	0	0	0	0	0	0	0	0	0	23,104,810	0	23,095,679	XXX	23,095,681
2. Claims:																		
2.1	Incurred claims excluding prescription drugs	(46,463)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	16,793,593	.0	16,747,130	XXX	16,747,130
2.2	Prescription drugs	(1,562)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	524	.0	(1,039)	XXX	(1,039)
2.3	Pharmaceutical rebates	.954	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	100	.0	1,054	XXX	1,054
2.4	State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3.	Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)		(48,980)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	16,794,017	.0	16,745,037	XXX	16,745,037
5.1	Net Assumed less Ceded reinsurance claims incurred	(98)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(673,514)	.0	(673,611)	XXX	(673,611)
5.2	Other Adjustments due to MLR calculations - Claims	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
5.3	Rebates paid	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	XXX	.0
5.4	Estimated rebates unpaid prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	XXX	.0
5.5	Estimated rebates unpaid current year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	XXX	.0
5.6	Fee for service and co-pay revenue	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	(49,078)	0	0	0	0	0	0	0	0	0	0	0	16,120,504	0	16,071,426	XXX	16,071,426
6. Improving Health Care Quality Expenses Incurred:																		
6.1	Improve health outcomes	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2,571	.0	2,571	.0	2,571
6.2	Activities to prevent hospital readmissions	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1	.0	.1	.0	.1
6.3	Improve patient safety and reduce medical errors	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.60	.0	.60	.0	.60
6.4	Wellness and health promotion activities	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	233,867	.0	233,867	.0	233,867
6.5	Health Information Technology expenses related to health improvement	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	31,023	.0	31,023	.0	31,023
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	267,521	0	267,521	0	267,521
7.	Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8)	5.364	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX
8. Claims Adjustment Expenses:																		
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	472,814	.0	472,814	.0	472,814
8.2	All other claims adjustment expenses	(527)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	172,189	.0	171,662	.8	171,670
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	(527)	0	0	0	0	0	0	0	0	0	0	0	645,003	0	644,476	8	644,484
9.	Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.058	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.027	0.000	XXX	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:											Government Business (excluded by statute)	Other Health Business				
10.1 Direct sales salaries and benefits .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....122,009	.....0	.....122,009	.....0	.....122,009
10.2 Agents and brokers fees and commissions.....		.....(2)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....2,380,668	.....0	.....2,380,666	.....0	.....2,380,666
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....		.....227	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....94,062	.....0	.....94,289	.....0	.....94,289
10.4 Other general and administrative expenses.....		.....1	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,309,002	.....0	.....1,309,003	.....0	.....1,309,003
10.4a Community Benefit Expenditures (informational only) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)		.....226	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....3,905,741	.....0	.....3,905,967	.....0	.....3,905,967
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)		.....40,248	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....2,166,041	.....0	.....2,206,289	.....XXX	.....2,206,282
12. Income from fees of uninsured plans		.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....(8)	.....(8)
13. Net investment and other gain/(loss)		.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....XXX	.....0
14. Federal income taxes (excluding taxes on Line 1.5 above)		.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....XXX	.....0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)		.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....2,206,289	.....XXX	.....2,206,274
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
OTHER INDICATORS:																
1. Number of certificates/policies		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....46,050	.....0	.....46,050	.....0	.....46,050
2. Number of Covered Lives		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....67,464	.....0	.....67,464	.....0	.....67,464
3. Number of Groups		.....XXX	.....0	.....0	.....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....1,057	.....0	.....1,057	.....0	.....1,057
4. Member Months		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....766,820	.....0	.....766,820	.....0	.....766,820

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	1,168,723	0
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	74,416	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	0	(1,766,156)	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	74,513	XXX	411,462	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		North Carolina		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		(88)	0	0	0	0	0	0	0	0	0	24,868,497	0	24,868,409			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	68,835	0	68,835			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	99,109	0	99,109			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(30,274)	0	(30,274)			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		(88)	0	0	0	0	0	0	0	0	0	24,838,223	0	24,838,135			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	4,949	0	4,949			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(885,233)	0	(885,233)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	41,600	0	41,600			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		(88)	0	0	0	0	0	0	0	0	0	23,916,339	0	23,916,250			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		16,986	0	0	0	0	0	0	0	0	0	16,797,712	0	16,814,698			
2.2 Direct claim liability current year		1,216	0	0	0	0	0	0	0	0	0	1,942,490	0	1,943,706			
2.3 Direct claim liability prior year		63,815	0	0	0	0	0	0	0	0	0	1,870,881	0	1,934,696			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	187,641	0	187,641			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	198,634	0	198,634			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	80	0	80			
2.7 Direct contract reserves prior year		1	0	0	0	0	0	0	0	0	0	2,091	0	2,092			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		3,366	0	0	0	0	0	0	0	0	0	62,298	0	65,665			
2.12a Healthcare receivables current year		(3,259)	0	0	0	0	0	0	0	0	0	62,485	0	59,226			
2.12b Healthcare receivables prior year		(6,626)	0	0	0	0	0	0	0	0	0	187	0	(6,439)			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		(48,980)	0	0	0	0	0	0	0	0	0	16,794,017	0	16,745,037			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	(11,449)	0	(11,449)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(621,132)	0	(621,132)			
2.18 Ceded incurred claims to non-affiliates		98	0	0	0	0	0	0	0	0	0	40,932	0	41,030			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		(49,078)	0	0	0	0	0	0	0	0	0	16,120,504	0	16,071,426			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 12,101,783 for stand-alone dental and \$ 2,270,328 for stand-alone vision policies.

216-3-NC

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		North Carolina		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		All Expenses				Improving Health Care Quality Expenses				Claims Adjustment Expenses							
				1		2		3		4		5		6		7	
				Improve Health Outcomes		Activities to Prevent Hospital Readmissions		Improve Patient Safety and Reduce Medical Errors		Wellness & Health Promotion Activities		HIT Expenses		Total (1 to 5)		Cost Containment Expenses	
																8	
																Other Claims Adjustment Expenses	
																9	
																General Administrative Expenses	
																10	
																Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:																
	1.1 Salaries (including \$ .....(53) for affiliated services) .....																
	1.2 Outsourced Services .....																
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....																
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....																
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....																
	1.10 Total (1.7 to 1.9) .....																
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)																
2.	Small Group Comprehensive Coverage Expenses:																
	2.1 Salaries (including \$ .....0 for affiliated services) .....																
	2.2 Outsourced Services .....																
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....																
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....																
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....																
	2.10 Total (2.7 to 2.9) .....																
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)																
3.	Large Group Comprehensive Coverage Expenses:																
	3.1 Salaries (including \$ .....0 for affiliated services) .....																
	3.2 Outsourced Services .....																
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....																
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....																
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....																
	3.10 Total (3.7 to 3.9) .....																
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)																

216-4.NC

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		North Dakota		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.2 Federal high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 State high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.5 Federal taxes and federal assessments .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6a Community Benefit Expenditures (informational only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.7 Regulatory authority licenses and fees .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.10 Other Adjustments due to MLR calculations - Premiums .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.11 Risk Revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Pharmaceutical rebates .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Net Assumed less Ceded reinsurance claims incurred .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Other Adjustments due to MLR calculations - Claims .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.3 Rebates paid .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.4 Estimated rebates unpaid prior year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.5 Estimated rebates unpaid current year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.6 Fee for service and co-pay revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.2 Activities to prevent hospital readmissions .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.3 Improve patient safety and reduce medical errors .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.4 Wellness and health promotion activities .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.5 Health Information Technology expenses related to health improvement .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	XXX
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.2 All other claims adjustment expenses .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.013	0.000	XXX	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:											Government Business (excluded by statute)	Other Health Business				
10.1 Direct sales salaries and benefits .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....9,863	.....0	.....9,863	.....0	.....9,863
10.2 Agents and brokers fees and commissions.....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....162,070	.....0	.....162,070	.....0	.....162,070
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....16,887	.....0	.....16,887	.....0	.....16,887
10.4 Other general and administrative expenses.....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(525,978)	.....0	.....(525,978)	.....0	.....(525,978)
10.4a Community Benefit Expenditures (informational only) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)		0	0	0	0	0	0	0	0	0	0	(337,157)	0	(337,157)	0	(337,157)
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)		0	0	0	0	0	0	0	0	0	0	713,567	0	713,567	XXX	713,567
12. Income from fees of uninsured plans		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	713,567	XXX	713,567
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1. Number of certificates/policies		0	0	0	0	0	0	0	0	0	0	2,135	0	2,135	0	2,135
2. Number of Covered Lives		0	0	0	0	0	0	0	0	0	0	2,623	0	2,623	0	2,623
3. Number of Groups		XXX	0	0	XXX	0	0	0	0	0	0	8	0	8	0	8
4. Member Months		0	0	0	0	0	0	0	0	0	0	30,671	0	30,671	0	30,671

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		North Dakota		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10	11	12	13		
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	1,802,415	0	1,802,415			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	9,666	0	9,666			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	11,952	0	11,952			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(2,285)	0	(2,285)			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	1,800,129	0	1,800,129			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	1,621	0	1,621			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	1,798,508	0	1,798,508			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	1,248,231	0	1,248,231			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	136,148	0	136,148			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	149,060	0	149,060			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	6,583	0	6,583			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	6,599	0	6,599			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	16	0	16			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	1,228,735	0	1,228,735			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	1,228,735	0	1,228,735			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 438,340 for stand-alone dental and \$ 72,107 for stand-alone vision policies.

216-3-ND

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		North Dakota		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
	All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9		10				
		1	2	3	4	5	6	7	8	9		10				
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses		Total Expenses (6 to 9)				
1.	Individual Comprehensive Coverage Expenses:															
	1.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0			
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0			
	1.10 Total (1.7 to 1.9) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0	0			
2.	Small Group Comprehensive Coverage Expenses:															
	2.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0			
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0			
	2.10 Total (2.7 to 2.9) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0	0			
3.	Large Group Comprehensive Coverage Expenses:															
	3.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0			
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0			
	3.10 Total (3.7 to 3.9) .....	0	0	0	0	0	0	0	0	0	0	0	0			
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0	0			

216-4.ND

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Ohio		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	13	14	15
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1	Health premiums earned (From Part 2, Line 1.11)	.0	14,277,585	12,837,454	.0	.0	.0	.0	.0	.0	.0	.0	.0	187,123,484	XXX	.0	187,123,484
1.2	Federal high risk pools	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	.0
1.3	State high risk pools	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	.0
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	.0	14,277,585	12,837,454	.0	.0	.0	.0	.0	.0	.0	.0	.0	187,123,484	XXX	.0	187,123,484
1.5	Federal taxes and federal assessments	13,067	291,219	661,390	.0	.0	.0	.0	.0	.0	.0	.0	.0	(2,724,323)	(278,367)	.0	(3,002,689)
1.6	State insurance, premium and other taxes (Similar local taxes of \$ .0 )	1,992	197,806	210,822	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,797,491	(41,929)	.0	1,755,562
1.6a	Community Benefit Expenditures (informational only)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.7	Regulatory authority licenses and fees	.0	8,823	6,919	.0	.0	.0	.0	.0	.0	.0	.0	.0	127,117	7,747	.0	134,864
1.8	Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	(15,059)	13,779,737	11,958,322	.0	.0	.0	.0	.0	.0	.0	.0	.0	187,923,198	XXX	.0	188,235,748
1.9	Net Assumed less Ceded reinsurance premiums earned	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(166,037)	XXX	.0	(166,037)
1.10	Other Adjustments due to MLR calculations - Premiums	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	.0
1.11	Risk Revenue	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	.0
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	(15,059)	13,779,737	11,958,322	0	0	0	0	0	0	0	0	0	187,757,161	XXX	.0	188,069,711
2. Claims:																	
2.1	Incurred claims excluding prescription drugs	(72,818)	11,549,365	9,723,720	.0	.0	.0	.0	.0	.0	.0	.0	.0	144,334,574	XXX	.0	144,334,574
2.2	Prescription drugs	(3,391)	308,511	52,150	.0	.0	.0	.0	.0	.0	.0	.0	.0	358,064	XXX	.0	358,064
2.3	Pharmaceutical rebates	.17	85,411	16,015	.0	.0	.0	.0	.0	.0	.0	.0	.0	115,127	XXX	.0	115,127
2.4	State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3.	Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)		(76,226)	11,772,465	9,759,856	.0	.0	.0	.0	.0	.0	.0	.0	.0	144,577,511	XXX	.0	144,577,511
5.1	Net Assumed less Ceded reinsurance claims incurred	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	5,058	XXX	.0	5,058
5.2	Other Adjustments due to MLR calculations - Claims	.0	99,463	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	99,463	XXX	.0	99,463
5.3	Rebates paid	.0	130,925	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	130,925	XXX	.0	130,925
5.4	Estimated rebates unpaid prior year	.0	230,388	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	230,388	XXX	.0	230,388
5.5	Estimated rebates unpaid current year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	.0
5.6	Fee for service and co-pay revenue	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	.0
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	(76,226)	11,772,465	9,759,856	0	0	0	0	0	0	0	0	0	144,582,569	XXX	.0	144,582,569
6. Improving Health Care Quality Expenses Incurred:																	
6.1	Improve health outcomes	.0	45,218	50,307	.0	.0	.0	.0	.0	.0	.0	.0	.0	106,811	37,936	.0	144,747
6.2	Activities to prevent hospital readmissions	.0	18,585	21,170	.0	.0	.0	.0	.0	.0	.0	.0	.0	39,866	1,548	.0	41,414
6.3	Improve patient safety and reduce medical errors	.0	10,983	11,749	.0	.0	.0	.0	.0	.0	.0	.0	.0	23,713	18,033	.0	41,746
6.4	Wellness and health promotion activities	.0	57,125	58,757	.0	.0	.0	.0	.0	.0	.0	.0	.0	2,216,761	13,541	.0	2,230,303
6.5	Health Information Technology expenses related to health improvement	.0	24,520	26,657	.0	.0	.0	.0	.0	.0	.0	.0	.0	257,093	33,799	.0	290,892
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	156,431	168,639	0	0	0	0	0	0	0	0	0	2,644,244	104,858	.0	2,749,102
7.	Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	5.062	0.866	0.830	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	.0	XXX
8. Claims Adjustment Expenses:																	
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6	.0	57,009	60,797	.0	.0	.0	.0	.0	.0	.0	.0	.0	500,541	187,792	.0	688,332
8.2	All other claims adjustment expenses	(137)	52,150	55,806	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,106,827	157,764	.0	1,264,592
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	(137)	109,159	116,603	0	0	0	0	0	0	0	0	0	1,607,368	345,556	.0	1,952,924
9.	Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.009	0.008	0.010	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.009	0.000	XXX	XXX	.0	XXX

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....42,479	.....51,398	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....401,955	.....0	.....495,831	.....78,399	.....574,230
	10.2 Agents and brokers fees and commissions.....	.....(12)	.....145,239	.....(119,056)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....18,670,959	.....0	.....18,697,130	.....60,935	.....18,758,064
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....378	.....31,397	.....38,638	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....308,945	.....0	.....379,358	.....45,189	.....424,547
	10.4 Other general and administrative expenses.....	.....0	.....825,573	.....928,525	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....9,299,338	.....0	.....11,053,435	.....1,125,466	.....12,178,901
	10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	.....366	.....1,044,688	.....899,504	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....28,681,196	.....0	.....30,625,754	.....1,309,989	.....31,935,743
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	.....60,938	.....696,994	.....1,013,721	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....6,525,572	.....0	.....8,297,225	.....XXX	.....6,849,372
12.	Income from fees of uninsured plans	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....3,183,083	.....3,183,083
13.	Net investment and other gain/(loss)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....XXX	.....0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....XXX	.....0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....8,297,225	.....XXX	.....10,032,455
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
OTHER INDICATORS:																
1.	Number of certificates/policies	.....0	.....10,127	.....13,277	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....165,418	.....0	.....188,822	.....1,892	.....190,714
2.	Number of Covered Lives	.....0	.....18,587	.....24,579	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....247,327	.....0	.....290,493	.....4,684	.....295,177
3.	Number of Groups	.....XXX	.....60	.....4	.....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....6,509	.....0	.....6,573	.....16	.....6,589
4.	Member Months	.....(8)	.....245,154	.....319,592	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....2,866,959	.....0	.....3,431,697	.....56,100	.....3,487,797

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	27,206	0	7,036
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	(259,547)	0	(384,160)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	272,061	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Ohio		DURING THE YEAR		2018		(LOCATION) NAIC Company Code		73288	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10  Government Business (excluded by statute)	11  Other Health Business	12  Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13  Total (a)
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group	9  Student Health Plans					
1. Health Premiums Earned:															
1.1 Direct premiums written		0	14,277,585	12,837,454	0	0	0	0	0	0	0	0	160,030,620	0	187,145,659
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	131,134	0	131,134
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	153,309	0	153,309
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	(22,175)	0	(22,175)
1.5 Paid rate credits		0	130,925	0	0	0	0	0	0	0	0	0	0	0	130,925
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Reserve for rate credits prior year		0	230,388	0	0	0	0	0	0	0	0	0	0	0	230,388
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	(230,388)	0	0	0	0	0	0	0	0	0	0	0	(230,388)
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	14,277,585	12,837,454	0	0	0	0	0	0	0	0	160,008,445	0	187,123,484
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	411	0	411
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(134,525)	0	(134,525)
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	31,923	0	31,923
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	14,377,047	12,837,454	0	0	0	0	0	0	0	0	159,842,408	0	187,056,910
2. Direct Claims Incurred:															
2.1 Paid claims during the year		(57,277)	12,354,190	10,337,657	0	0	0	0	0	0	0	0	121,228,419	0	143,862,989
2.2 Direct claim liability current year		20	1,220,519	975,013	0	0	0	0	0	0	0	0	15,284,510	0	17,480,062
2.3 Direct claim liability prior year		14,801	1,678,520	1,548,669	0	0	0	0	0	0	0	0	13,085,422	0	16,327,413
2.4 Direct claim reserves current year		0	631	0	0	0	0	0	0	0	0	0	220,600	0	221,231
2.5 Direct claim reserves prior year		0	353	0	0	0	0	0	0	0	0	0	237,061	0	237,414
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year		(1)	0	0	0	0	0	0	0	0	0	0	(94)	0	(95)
2.8 Paid rate credits		0	130,925	0	0	0	0	0	0	0	0	0	0	0	130,925
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Reserve for rate credits prior year		0	230,388	0	0	0	0	0	0	0	0	0	0	0	230,388
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		4,169	24,539	4,145	0	0	0	0	0	0	0	0	289,723	0	322,576
2.12a Healthcare receivables current year		1,316	90,583	32,791	0	0	0	0	0	0	0	0	289,976	0	414,666
2.12b Healthcare receivables prior year		(2,853)	66,044	28,646	0	0	0	0	0	0	0	0	252	0	92,090
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		(76,226)	11,772,465	9,759,856	0	0	0	0	0	0	0	0	123,121,416	0	144,577,511
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(346,232)	0	(346,232)
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(68,576)	0	(68,576)
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(419,867)	0	(419,867)
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		(76,226)	11,871,928	9,759,856	0	0	0	0	0	0	0	0	123,126,474	0	144,682,032
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Ohio	DURING THE YEAR		2018	(LOCATION)		NAIC Company Code	73288
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses				
		1	2	3	4	5	6	7	8	9	10	
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:											
	1.1 Salaries (including \$ ..... (14) for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	(137)	.0	(137)	
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	
	1.6 Other Expenses (incl \$ .....(1) for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	(12)	(12)	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	(137)	(12)	(149)	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	378	378	
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	(137)	366	229	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	
2.	Small Group Comprehensive Coverage Expenses:											
	2.1 Salaries (including \$ .....58,534 for affiliated services) .....	13,629	574	4,122	26,714	12,461	57,498	26,569	26,340	474,931	585,339	
	2.2 Outsourced Services .....	24,202	17,700	4,675	19,754	5,269	71,601	15,957	11,206	168,462	267,227	
	2.3 EDP Equipment and Software (incl \$ .....4,389 for affiliated services) .....	1,183	51	331	1,857	1,109	4,532	2,177	2,316	34,860	43,885	
	2.4 Other Equipment (excl. EDP) (incl \$ .....109 for affiliated services) .....	30	1	8	41	27	107	54	57	873	1,092	
	2.5 Accreditation and Certification (incl \$ .....40 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	22	23	355	400	
	2.6 Other Expenses (incl \$ .....38,094 for affiliated services) .....	6,174	259	1,847	8,759	5,653	22,692	12,231	12,207	333,808	380,938	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	45,218	18,585	10,983	57,125	24,520	156,431	57,009	52,150	1,013,291	1,278,881	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,397	31,397	
	2.10 Total (2.7 to 2.9) .....	45,218	18,585	10,983	57,125	24,520	156,431	57,009	52,150	1,044,688	1,310,278	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	14,302	0	0	14,302	
3.	Large Group Comprehensive Coverage Expenses:											
	3.1 Salaries (including \$ .....64,629 for affiliated services) .....	14,872	641	4,254	22,118	13,543	55,428	28,552	25,221	537,086	646,287	
	3.2 Outsourced Services .....	27,335	20,179	5,193	25,116	5,729	83,553	16,490	13,326	190,717	304,085	
	3.3 EDP Equipment and Software (incl \$ .....4,967 for affiliated services) .....	1,313	57	367	1,895	1,204	4,836	2,479	2,791	39,569	49,675	
	3.4 Other Equipment (excl. EDP) (incl \$ .....124 for affiliated services) .....	33	1	9	47	30	120	62	70	991	1,243	
	3.5 Accreditation and Certification (incl \$ .....46 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	25	28	402	456	
	3.6 Other Expenses (incl \$ .....14,436 for affiliated services) .....	6,753	291	1,925	9,581	6,152	24,702	13,189	14,370	92,101	144,362	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	50,307	21,170	11,749	58,757	26,657	168,639	60,797	55,806	860,866	1,146,107	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38,638	38,638	
	3.10 Total (3.7 to 3.9) .....	50,307	21,170	11,749	58,757	26,657	168,639	60,797	55,806	899,504	1,184,746	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	16,196	0	0	16,196	

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

2. 1100 Employers Boulevard DePere, WI 54115

REPORT FOR: 1. CORPORATION

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Oklahoma		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR								10	11	12	13	14	15		
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								9	
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		54	0	0	0	0	0	0	0	0	0	8,596,983	0	8,597,037	XXX	8,597,037	
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		54	0	0	0	0	0	0	0	0	0	8,596,983	0	8,597,037	XXX	8,597,037	
1.5 Federal taxes and federal assessments .....		3,661	0	0	0	0	0	0	0	0	0	258,269	0	261,930	0	261,930	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		558	0	0	0	0	0	0	0	0	0	193,627	0	194,185	0	194,185	
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	13,754	0	13,754	0	13,754	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		(4,164)	0	0	0	0	0	0	0	0	0	8,131,333	0	8,127,168	XXX	8,127,168	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	(746,861)	0	(746,861)	XXX	(746,861)	
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		(4,164)	0	0	0	0	0	0	0	0	0	7,384,472	0	7,380,308	XXX	7,380,308	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		(20,912)	0	0	0	0	0	0	0	0	0	4,802,774	0	4,781,862	XXX	4,781,862	
2.2 Prescription drugs .....		(198)	0	0	0	0	0	0	0	0	0	70	0	(128)	XXX	(128)	
2.3 Pharmaceutical rebates .....		15	0	0	0	0	0	0	0	0	0	68	0	83	XXX	83	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		(21,126)	0	0	0	0	0	0	0	0	0	4,802,776	0	4,781,651	XXX	4,781,651	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	281,852	0	281,852	XXX	281,852	
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		(21,126)	0	0	0	0	0	0	0	0	0	5,084,628	0	5,063,503	XXX	5,063,503	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	740	0	740	0	740	
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	12	0	12	0	12	
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	32,069	0	32,069	0	32,069	
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	11,015	0	11,015	0	11,015	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	43,836	0	43,836	0	43,836	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		5.073	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	42,854	0	42,854	0	42,854	
8.2 All other claims adjustment expenses .....		(12)	0	0	0	0	0	0	0	0	0	66,589	0	66,577	0	66,577	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		(12)	0	0	0	0	0	0	0	0	0	109,443	0	109,431	0	109,431	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.003	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.013	0.000	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....46,597	.....0	.....46,597	.....0	.....46,597
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....557,134	.....0	.....557,134	.....0	.....557,134
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....106	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....22,501	.....0	.....22,607	.....0	.....22,607
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(194,609)	.....0	.....(194,609)	.....0	.....(194,609)
	10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	.....106	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....431,622	.....0	.....431,728	.....0	.....431,728
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	.....16,867	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,714,942	.....0	.....1,731,810	.....XXX	.....1,731,810
12.	Income from fees of uninsured plans	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....0
13.	Net investment and other gain/(loss)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....XXX	.....0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....XXX	.....0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....1,731,810	.....XXX	.....1,731,810
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
OTHER INDICATORS:																
1.	Number of certificates/policies	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....13,834	.....0	.....13,834	.....0	.....13,834
2.	Number of Covered Lives	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....21,133	.....0	.....21,133	.....0	.....21,133
3.	Number of Groups	.....XXX	.....0	.....0	.....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....283	.....0	.....283	.....0	.....283
4.	Member Months	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....267,260	.....0	.....267,260	.....0	.....267,260

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	10,852	0
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	54	0	(35,261)	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	7,604	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Oklahoma		DURING THE YEAR		2018		(LOCATION)					
												Business Subject to MLR		NAIC Company Code		73288	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10	11	12	13		
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		54	0	0	0	0	0	0	0	0	0	8,597,811	0	8,597,865			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	27,301	0	27,301			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	28,129	0	28,129			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(828)	0	(828)			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		54	0	0	0	0	0	0	0	0	0	8,596,983	0	8,597,037			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(612,615)	0	(612,615)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	134,246	0	134,246			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		54	0	0	0	0	0	0	0	0	0	7,850,122	0	7,850,176			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		(19,864)	0	0	0	0	0	0	0	0	0	5,243,131	0	5,223,267			
2.2 Direct claim liability current year		10	0	0	0	0	0	0	0	0	0	835,532	0	835,541			
2.3 Direct claim liability prior year		1,235	0	0	0	0	0	0	0	0	0	778,985	0	780,219			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	(11,176)	0	(11,176)			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	471,950	0	471,950			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		37	0	0	0	0	0	0	0	0	0	13,776	0	13,813			
2.12a Healthcare receivables current year		7	0	0	0	0	0	0	0	0	0	13,862	0	13,869			
2.12b Healthcare receivables prior year		(30)	0	0	0	0	0	0	0	0	0	86	0	56			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		(21,126)	0	0	0	0	0	0	0	0	0	4,802,776	0	4,781,651			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	6,379	0	6,379			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(257,730)	0	(257,730)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	(533,204)	0	(533,204)			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		(21,126)	0	0	0	0	0	0	0	0	0	5,084,628	0	5,063,503			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 3,586,724 for stand-alone dental and \$ 580,828 for stand-alone vision policies.

216-3-OK



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATIONHumana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Oklahoma	DURING THE YEAR		2018	(LOCATION)		NAIC Company Code	73288
	All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9	10	
		1	2	3	4	5	6	7	8			
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:											
	1.1 Salaries (including \$ .....(1) for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	(12)	.0	(12)	
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	(12)	.0	(12)	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.106	.106	
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	(12)	.106	.94	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	
2.	Small Group Comprehensive Coverage Expenses:											
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	
3.	Large Group Comprehensive Coverage Expenses:											
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Oregon		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288		
		Business Subject to MLR			9		10		11		12		13		14		15	
		Comprehensive Health Coverage																
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14		
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group									
1. Premium:																		
1.1 Health premiums earned (From Part 2, Line 1.11) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.2 Federal high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.3 State high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.5 Federal taxes and federal assessments .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.6a Community Benefit Expenditures (informational only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.7 Regulatory authority licenses and fees .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.10 Other Adjustments due to MLR calculations - Premiums .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.11 Risk Revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Claims:																		
2.1 Incurred claims excluding prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
2.2 Prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
2.3 Pharmaceutical rebates .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
5.2 Other Adjustments due to MLR calculations - Claims .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
5.3 Rebates paid .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
5.4 Estimated rebates unpaid prior year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
5.5 Estimated rebates unpaid current year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
5.6 Fee for service and co-pay revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Improving Health Care Quality Expenses Incurred:																		
6.1 Improve health outcomes .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
6.2 Activities to prevent hospital readmissions .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
6.3 Improve patient safety and reduce medical errors .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
6.4 Wellness and health promotion activities .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
6.5 Health Information Technology expenses related to health improvement .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																		
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
8.2 All other claims adjustment expenses .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.011	0.000	XXX	XXX	XXX	XXX	

216-1 OR

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15	
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9							
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group								Student Health Plans
10. General and Administrative (G&A) Expenses:																
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....10,415	.....0	.....10,415	.....0	.....10,415
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....332,842	.....0	.....332,842	.....0	.....332,842
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....16,157	.....0	.....16,157	.....0	.....16,157
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(469,506)	.....0	.....(469,506)	.....0	.....(469,506)
10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	(110,092)	0	(110,092)	0	(110,092)
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	958,339	0	958,339	XXX	958,339
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	958,339	XXX	958,339
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	1,933	0	1,933	0	1,933
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	1,933	0	1,933	0	1,933
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	1	0	1	0	1
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	22,624	0	22,624	0	22,624

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Oregon		DURING THE YEAR			2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR									10	11	12	13				
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9								
		1	2	3	4	5	6	7	8									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)				
1. Health Premiums Earned:																		
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	3,689,418	0	3,689,418				
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	3,689,418	0	3,689,418				
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	3,009	0	3,009				
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	3,686,409	0	3,686,409				
2. Direct Claims Incurred:																		
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	2,814,244	0	2,814,244				
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	351,115	0	351,115				
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	343,416	0	343,416				
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	42,552	0	42,552				
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	87,038	0	87,038				
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	23,811	0	23,811				
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	24,068	0	24,068				
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	257	0	257				
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	2,753,647	0	2,753,647				
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	(2,198)	0	(2,198)				
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0				
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	2,755,846	0	2,755,846				
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0				

(a) Column 13, Line 1.1 includes direct written premium of \$ 0 for stand-alone dental and \$ 0 for stand-alone vision policies.

216-3 OR

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR				(LOCATION)			
0119		Oregon		2018				NAIC Company Code		73288	
All Expenses		Improving Health Care Quality Expenses				Claims Adjustment Expenses					
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

216-4. OR

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

2. 1100 Employers Boulevard DePere, WI 54115

REPORT FOR: 1. CORPORATION

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Pennsylvania		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	14 Uninsured Plans	15 Total 13 + 14	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.2 Federal high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 State high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.5 Federal taxes and federal assessments .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6a Community Benefit Expenditures (informational only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.7 Regulatory authority licenses and fees .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.10 Other Adjustments due to MLR calculations - Premiums .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.11 Risk Revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Pharmaceutical rebates .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Net Assumed less Ceded reinsurance claims incurred .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Other Adjustments due to MLR calculations - Claims .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.3 Rebates paid .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.4 Estimated rebates unpaid prior year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.5 Estimated rebates unpaid current year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.6 Fee for service and co-pay revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.2 Activities to prevent hospital readmissions .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.3 Improve patient safety and reduce medical errors .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.4 Wellness and health promotion activities .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.5 Health Information Technology expenses related to health improvement .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.2 All other claims adjustment expenses .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.012	0.000	0.000	0.000	0.000

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:										Government Business (excluded by statute)	Other Health Business				
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....73,342	.....0	.....73,342	.....20,290	.....93,632
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,270,999	.....0	.....1,270,999	.....1,241	.....1,272,240
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....64,323	.....0	.....64,323	.....10,044	.....74,367
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,514,393	.....0	.....1,514,393	.....64,603	.....1,578,996
	10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	2,923,057	0	2,923,057	96,178	3,019,235
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	2,582,782	0	2,582,782	XXX	2,503,699
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,550,353	1,550,353
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,582,782	XXX	4,054,052
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	23,959	0	23,959	0	23,959
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	30,536	0	30,536	0	30,536
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	247	0	247	1	248
4.	Member Months	0	0	0	0	0	0	0	0	0	0	384,328	0	384,328	0	384,328

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Pennsylvania		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR									10	11	12	13			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	17,154,203	0	17,154,203			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	139,843	0	139,843			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	148,100	0	148,100			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(8,257)	0	(8,257)			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	17,145,946	0	17,145,946			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	(103)	0	(103)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(51,452)	0	(51,452)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	2,472	0	2,472			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	17,091,920	0	17,091,920			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	10,740,561	0	10,740,561			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	1,155,047	0	1,155,047			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	1,163,420	0	1,163,420			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	46,100	0	46,100			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	60,808	0	60,808			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	462	0	462			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	44,042	0	44,042			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	45,469	0	45,469			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	1,427	0	1,427			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	10,672,975	0	10,672,975			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	8,002	0	8,002			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(28,155)	0	(28,155)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	14,929	0	14,929			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	10,637,893	0	10,637,893			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 6,855,478 for stand-alone dental and \$ 891,891 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATIONHumana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR				(LOCATION)			
0119		Pennsylvania		2018				NAIC Company Code		73288	
All Expenses		Improving Health Care Quality Expenses				Claims Adjustment Expenses					
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

REPORT FOR: 1. CORPORATION (To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
Humana Insurance Company 2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Rhode Island		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288						
		Business Subject to MLR									10		11		12		13		14		15	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9												
		1	2	3	4	5	6	7	8													
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14						
1. Premium:																						
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	2,066,437	0	2,066,437	XXX	2,066,437						
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0						
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0						
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	2,066,437	0	2,066,437	XXX	2,066,437						
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	(17,253)	0	(17,253)	0	(17,253)						
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	39,341	0	39,341	0	39,341						
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	3,368	0	3,368	0	3,368						
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	2,040,981	0	2,040,981	XXX	2,040,981						
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0						
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0						
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0						
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	2,040,981	0	2,040,981	XXX	2,040,981						
2. Claims:																						
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	1,472,603	0	1,472,603	XXX	1,472,603						
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0						
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0						
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0						
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0						
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	1,472,603	0	1,472,603	XXX	1,472,603						
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0						
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0						
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0						
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0						
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0						
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0						
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	1,472,603	0	1,472,603	XXX	1,472,603						
6. Improving Health Care Quality Expenses Incurred:																						
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	54	0	54	0	54						
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	26,150	0	26,150	0	26,150						
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	2,163	0	2,163	0	2,163						
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	28,367	0	28,367	0	28,367						
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX						
8. Claims Adjustment Expenses:																						
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	2,309	0	2,309	0	2,309						
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	16,337	0	16,337	0	16,337						
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	18,646	0	18,646	0	18,646						
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.009	0.000	XXX	XXX	XXX						

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....5,579	.....0	.....5,579	.....0	.....5,579
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....272,340	.....0	.....272,340	.....0	.....272,340
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....10,175	.....0	.....10,175	.....0	.....10,175
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(224,692)	.....0	.....(224,692)	.....0	.....(224,692)
	10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	63,401	0	63,401	0	63,401
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	457,964	0	457,964	XXX	457,964
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	457,964	XXX	457,964
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	873	0	873	0	873
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	873	0	873	0	873
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	1	0	1	0	1
4.	Member Months	0	0	0	0	0	0	0	0	0	0	10,461	0	10,461	0	10,461

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Rhode Island		DURING THE YEAR		2018		(LOCATION)					
												Business Subject to MLR		NAIC Company Code		73288	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13			
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	2,066,437	0	2,066,437			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	2,066,437	0	2,066,437			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	2,066,437	0	2,066,437			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	1,467,897	0	1,467,897			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	181,755	0	181,755			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	172,159	0	172,159			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	4,890	0	4,890			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	4,911	0	4,911			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	20	0	20			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	1,472,603	0	1,472,603			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	1,472,603	0	1,472,603			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 0 for stand-alone dental and \$ 0 for stand-alone vision policies.

216-3.R1

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Rhode Island		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
	All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9		10				
		1	2	3	4	5	6	7	8							
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses		Total Expenses (6 to 9)				
1.	Individual Comprehensive Coverage Expenses:															
	1.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0			
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0			
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0	0			
2.	Small Group Comprehensive Coverage Expenses:															
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0			
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0			
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0	0			
3.	Large Group Comprehensive Coverage Expenses:															
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0			
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0			
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	0	0			

216-4.RI

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

REPORT FOR: 1. CORPORATION (To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
Humana Insurance Company 2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		South Carolina		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....15,182,031	.....0	.....15,182,031	XXX	.....15,182,031	
1.2 Federal high risk pools .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	
1.3 State high risk pools .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....15,182,031	.....0	.....15,182,031	XXX	.....15,182,031	
1.5 Federal taxes and federal assessments .....		.....4,291	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....296,054	.....0	.....300,345	.....0	.....300,345	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		.....654	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....296,754	.....0	.....297,408	.....0	.....297,408	
1.6a Community Benefit Expenditures (informational only) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
1.7 Regulatory authority licenses and fees .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....22,960	.....0	.....22,960	.....0	.....22,960	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		.....(4,945)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....14,566,263	.....0	.....14,561,318	XXX	.....14,561,318	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(37,152)	.....0	.....(37,152)	XXX	.....(37,152)	
1.10 Other Adjustments due to MLR calculations - Premiums .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	
1.11 Risk Revenue .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		.....(4,945)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....14,529,111	.....0	.....14,524,166	XXX	.....14,524,166	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		.....(24,157)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....9,782,944	.....0	.....9,758,786	XXX	.....9,758,786	
2.2 Prescription drugs .....		.....(836)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,014	.....0	.....178	XXX	.....178	
2.3 Pharmaceutical rebates .....		.....7	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....811	.....0	.....818	XXX	.....818	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	
3. Incurred medical incentive pools and bonuses .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		.....(25,000)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....9,783,146	.....0	.....9,758,147	XXX	.....9,758,147	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(64,190)	.....0	.....(64,190)	XXX	.....(64,190)	
5.2 Other Adjustments due to MLR calculations - Claims .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	
5.3 Rebates paid .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX	XXX	.....0	.....0	XXX	.....0	
5.4 Estimated rebates unpaid prior year .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX	XXX	.....0	.....0	XXX	.....0	
5.5 Estimated rebates unpaid current year .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX	XXX	.....0	.....0	XXX	.....0	
5.6 Fee for service and co-pay revenue .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		.....(25,000)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....9,718,956	.....0	.....9,693,956	XXX	.....9,693,956	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....900	.....0	.....900	.....0	.....900	
6.2 Activities to prevent hospital readmissions .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
6.3 Improve patient safety and reduce medical errors .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....52	.....0	.....52	.....0	.....52	
6.4 Wellness and health promotion activities .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....144,968	.....0	.....144,968	.....0	.....144,968	
6.5 Health Information Technology expenses related to health improvement .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....20,505	.....0	.....20,505	.....0	.....20,505	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....166,427	.....0	.....166,427	.....0	.....166,427	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		.....5.055	.....0.000	.....0.000	.....0.000	.....0.000	.....0.000	.....0.000	.....0.000	.....0.000	XXX	XXX	.....0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....50,843	.....0	.....50,843	.....0	.....50,843	
8.2 All other claims adjustment expenses .....		.....(38)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....126,107	.....0	.....126,070	.....0	.....126,070	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		.....(38)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....176,950	.....0	.....176,913	.....0	.....176,913	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		.....0.008	.....0.000	.....0.000	.....0.000	.....0.000	.....0.000	.....0.000	.....0.000	.....0.000	.....0.000	.....0.012	.....0.000	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15	
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9							
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group								Student Health Plans
10. General and Administrative (G&A) Expenses:																
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....71,074	.....0	.....71,074	.....0	.....71,074
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,443,981	.....0	.....1,443,981	.....0	.....1,443,981
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....124	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....103,852	.....0	.....103,976	.....0	.....103,976
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(319,664)	.....0	.....(319,664)	.....0	.....(319,664)
10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	.....124	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,299,243	.....0	.....1,299,367	.....0	.....1,299,367
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	.....19,968	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....3,167,536	.....0	.....3,187,504	.....XXX	.....3,187,504
12. Income from fees of uninsured plans	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....0
13. Net investment and other gain/(loss)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....XXX	.....0
14. Federal income taxes (excluding taxes on Line 1.5 above)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....XXX	.....0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....3,187,504	.....XXX	.....3,187,504
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
OTHER INDICATORS:																
1. Number of certificates/policies	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....22,311	.....0	.....22,311	.....0	.....22,311
2. Number of Covered Lives	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....29,942	.....0	.....29,942	.....0	.....29,942
3. Number of Groups	.....XXX	.....0	.....0	.....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....341	.....0	.....341	.....0	.....341
4. Member Months	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....359,990	.....0	.....359,990	.....0	.....359,990

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	1,880	0
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	0	(7,954)	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		South Carolina		DURING THE YEAR		2018		(LOCATION)							
												Business Subject to MLR		NAIC Company Code		73288			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10		11		12		13	
		1	2	3	4	5	6	7	8	9									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)					
1. Health Premiums Earned:																			
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	15,186,664	0	15,186,664					
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	51,222	0	51,222					
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	55,856	0	55,856					
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(4,633)	0	(4,633)					
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	15,182,031	0	15,182,031					
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	1,711,936	0	1,711,936					
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(2,727,282)	0	(2,727,282)					
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	(978,193)	0	(978,193)					
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	15,144,879	0	15,144,879					
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		(18,273)	0	0	0	0	0	0	0	0	0	9,808,560	0	9,790,288					
2.2 Direct claim liability current year		71	0	0	0	0	0	0	0	0	0	1,058,164	0	1,058,235					
2.3 Direct claim liability prior year		4,282	0	0	0	0	0	0	0	0	0	1,062,160	0	1,066,442					
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	114,471	0	114,471					
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	90,900	0	90,900					
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	(138)	0	(138)					
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	12	0	12					
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		2,517	0	0	0	0	0	0	0	0	0	44,838	0	47,355					
2.12a Healthcare receivables current year		(3,907)	0	0	0	0	0	0	0	0	0	45,401	0	41,495					
2.12b Healthcare receivables prior year		(6,423)	0	0	0	0	0	0	0	0	0	563	0	(5,861)					
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		(25,000)	0	0	0	0	0	0	0	0	0	9,783,146	0	9,758,147					
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	983,810	0	983,810					
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(738,420)	0	(738,420)					
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	309,580	0	309,580					
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		(25,000)	0	0	0	0	0	0	0	0	0	9,718,956	0	9,693,956					
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0					

(a) Column 13, Line 1.1 includes direct written premium of \$ 4,889,567 for stand-alone dental and \$ 997,316 for stand-alone vision policies.



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		South Carolina		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		All Expenses				Improving Health Care Quality Expenses				Claims Adjustment Expenses							
				1		2		3		4		5		6		7	
				Improve Health Outcomes		Activities to Prevent Hospital Readmissions		Improve Patient Safety and Reduce Medical Errors		Wellness & Health Promotion Activities		HIT Expenses		Total (1 to 5)		Cost Containment Expenses	
																8	
																Other Claims Adjustment Expenses	
																9	
																General Administrative Expenses	
																10	
																Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:																
	1.1 Salaries (including \$ .....(4) for affiliated services) .....	.0		.0		.0		.0		.0		.0		.0		(38)	
	1.2 Outsourced Services .....	.0		.0		.0		.0		.0		.0		.0		.0	
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0		XXX		XXX		XXX		XXX		.0		.0		.0	
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0		.0		.0		.0		.0		.0		.0		(38)	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0		.0		.0		.0		.0		.0		.0		.0	
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX		XXX		XXX		XXX		XXX		.0		.0		.124	
	1.10 Total (1.7 to 1.9) .....	.0		.0		.0		.0		.0		.0		.0		(38)	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0		0		0		0		0		0		0		0	
2.	Small Group Comprehensive Coverage Expenses:																
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	2.2 Outsourced Services .....	.0		.0		.0		.0		.0		.0		.0		.0	
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0		XXX		XXX		XXX		XXX		.0		.0		.0	
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0		.0		.0		.0		.0		.0		.0		.0	
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX		XXX		XXX		XXX		XXX		.0		.0		.0	
	2.10 Total (2.7 to 2.9) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0		0		0		0		0		0		0		0	
3.	Large Group Comprehensive Coverage Expenses:																
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	3.2 Outsourced Services .....	.0		.0		.0		.0		.0		.0		.0		.0	
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0		XXX		XXX		XXX		XXX		.0		.0		.0	
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0		.0		.0		.0		.0		.0		.0		.0	
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX		XXX		XXX		XXX		XXX		.0		.0		.0	
	3.10 Total (3.7 to 3.9) .....	.0		.0		.0		.0		.0		.0		.0		.0	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0		0		0		0		0		0		0		0	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		South Dakota		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
		Comprehensive Health Coverage			Business Subject to MLR			Mini-Med Plans		Expatriate Plans		9		10	11	12	13	14	15
		1	2	3	4	5	6	7	8	Student Health Plans									
											Individual	Small Group Employer	Large Group Employer						
1. Premium:																			
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	2,869,961	0	2,869,961	XXX	2,869,961
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	2,869,961	0	2,869,961	XXX	2,869,961
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	0	65,573	0	65,573	0	65,573
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	74,784	0	74,784	0	74,784
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	0	6,262	0	6,262	0	6,262
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	2,723,342	0	2,723,342	XXX	2,723,342
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	(142,373)	0	(142,373)	XXX	(142,373)
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	2,580,969	0	2,580,969	XXX	2,580,969
2. Claims:																			
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	2,068,432	0	2,068,432	XXX	2,068,432
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	2,068,432	0	2,068,432	XXX	2,068,432
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	(26,784)	0	(26,784)	XXX	(26,784)
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	2,041,648	0	2,041,648	XXX	2,041,648
6. Improving Health Care Quality Expenses Incurred:																			
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	0	0	0	63	0	63	0	63
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	0	0	0	18,729	0	18,729	0	18,729
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	0	0	0	3,270	0	3,270	0	3,270
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	22,063	0	22,063	0	22,063
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8. Claims Adjustment Expenses:																			
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	0	0	0	6,033	0	6,033	0	6,033
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	20,728	0	20,728	0	20,728
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	26,762	0	26,762	0	26,762
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.010	0.000	XXX	XXX	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....12,088	.....0	.....12,088	.....0	.....12,088
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....181,993	.....0	.....181,993	.....0	.....181,993
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....7,531	.....0	.....7,531	.....0	.....7,531
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(516,355)	.....0	.....(516,355)	.....0	.....(516,355)
10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	(314,744)	0	(314,744)	0	(314,744)
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	805,241	0	805,241	XXX	805,241
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	805,241	XXX	805,241
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	2,735	0	2,735	0	2,735
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	3,563	0	3,563	0	3,563
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	24	0	24	0	24
4. Member Months	0	0	0	0	0	0	0	0	0	0	48,034	0	48,034	0	48,034

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		South Dakota		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12		13	
					Mini-Med Plans														
		1	2	3	4	5	6	7	8	9									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)					
1. Health Premiums Earned:																			
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	2,870,247	0	2,870,247					
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	14,469	0	14,469					
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	14,755	0	14,755					
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(286)	0	(286)					
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	2,869,961	0	2,869,961					
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(136,532)	0	(136,532)					
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	5,841	0	5,841					
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	2,727,588	0	2,727,588					
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	2,123,825	0	2,123,825					
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	264,072	0	264,072					
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	277,906	0	277,906					
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	4,171	0	4,171					
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	11,857	0	11,857					
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	33,874	0	33,874					
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	33,998	0	33,998					
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	124	0	124					
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	2,068,432	0	2,068,432					
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	36,968	0	36,968					
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(64,716)	0	(64,716)					
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	(964)	0	(964)					
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	2,041,648	0	2,041,648					
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0					

(a) Column 13, Line 1.1 includes direct written premium of \$ 492,312 for stand-alone dental and \$ 77,333 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		South Dakota		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		All Expenses				Improving Health Care Quality Expenses				Claims Adjustment Expenses							
				1		2		3		4		5		6		7	
				Improve Health Outcomes		Activities to Prevent Hospital Readmissions		Improve Patient Safety and Reduce Medical Errors		Wellness & Health Promotion Activities		HIT Expenses		Total (1 to 5)		Cost Containment Expenses	
																8	
																Other Claims Adjustment Expenses	
																9	
																General Administrative Expenses	
																10	
																Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:																
	1.1 Salaries (including \$ .....0 for affiliated services) .....																
	1.2 Outsourced Services .....																
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....					XXX		XXX		XXX		XXX					
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....																
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....					XXX		XXX		XXX		XXX					
	1.10 Total (1.7 to 1.9) .....																
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....					0		0		0		0				0	
2.	Small Group Comprehensive Coverage Expenses:																
	2.1 Salaries (including \$ .....0 for affiliated services) .....																
	2.2 Outsourced Services .....																
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....					XXX		XXX		XXX		XXX					
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....																
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....					XXX		XXX		XXX		XXX					
	2.10 Total (2.7 to 2.9) .....																
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....					0		0		0		0				0	
3.	Large Group Comprehensive Coverage Expenses:																
	3.1 Salaries (including \$ .....0 for affiliated services) .....																
	3.2 Outsourced Services .....																
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....																
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....																
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....					XXX		XXX		XXX		XXX					
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....																
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....																
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....																
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....					XXX		XXX		XXX		XXX					
	3.10 Total (3.7 to 3.9) .....																
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....					0		0		0		0				0	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]







SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Tennessee		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9							
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group								
		Individual			Individual					Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		(3,562,447)	102,165,419	96,462,054	.0	.0	.0	.0	.0	.0	.0	25,873,245	.0	220,938,270	XXX	220,938,270	
1.2 Federal high risk pools .....		.0	0	.0	.0	.0	.0	.0	.0	.0	.0	0	.0	.0	XXX	.0	
1.3 State high risk pools .....		.0	0	.0	.0	.0	.0	.0	.0	.0	.0	0	.0	.0	XXX	.0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		(3,562,447)	102,165,419	96,462,054	.0	.0	.0	.0	.0	.0	.0	25,873,245	.0	220,938,270	XXX	220,938,270	
1.5 Federal taxes and federal assessments .....		1,729,953	3,301,507	2,982,836	.0	.0	.0	.0	.0	.0	.0	599,888	.0	8,614,183	(319,731)	8,294,452	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		281,688	1,916,806	1,750,044	.0	.0	.0	.0	.0	.0	.0	488,004	.0	4,436,542	(48,234)	4,388,309	
1.6a Community Benefit Expenditures (informational only) .....		.0	0	.0	.0	.0	.0	.0	.0	.0	.0	0	.0	.0	.0	.0	
1.7 Regulatory authority licenses and fees .....		39,683	77,214	53,547	.0	.0	.0	.0	.0	.0	.0	100,666	.0	271,110	6,730	277,841	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		(5,613,771)	96,869,892	91,675,626	.0	.0	.0	.0	.0	.0	.0	24,684,687	.0	207,616,434	XXX	207,977,669	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	(2,055,925)	.0	.0	.0	.0	.0	.0	.0	.0	(793,150)	.0	(2,849,075)	XXX	(2,849,075)	
1.10 Other Adjustments due to MLR calculations - Premiums .....		.0	0	.0	.0	.0	.0	.0	.0	.0	.0	0	.0	.0	XXX	.0	
1.11 Risk Revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	.0	.0	XXX	.0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		(5,613,771)	94,813,968	91,675,626	0	0	0	0	0	0	0	23,891,536	0	204,767,359	XXX	205,128,594	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		(17,651,716)	57,722,796	62,739,357	.0	.0	.0	.0	.0	.0	.0	17,089,744	.0	119,900,181	XXX	119,900,181	
2.2 Prescription drugs .....		(2,290,273)	22,297,667	19,893,938	.0	.0	.0	.0	.0	.0	.0	81	.0	39,901,413	XXX	39,901,413	
2.3 Pharmaceutical rebates .....		(142,730)	4,975,968	4,138,864	.0	.0	.0	.0	.0	.0	.0	68	.0	8,972,170	XXX	8,972,170	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		(19,799,258)	75,044,495	78,494,431	.0	.0	.0	.0	.0	.0	.0	17,089,757	.0	150,829,424	XXX	150,829,424	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		(1,417)	(2,516,182)	.0	.0	.0	.0	.0	.0	.0	.0	(534,368)	.0	(3,051,967)	XXX	(3,051,967)	
5.2 Other Adjustments due to MLR calculations - Claims .....		(2,694,072)	.0	(3,190,625)	.0	.0	.0	.0	.0	.0	.0	.0	.0	(5,884,697)	XXX	(5,884,697)	
5.3 Rebates paid .....		7,077,098	.0	1,190,166	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	8,267,264	XXX	8,267,264	
5.4 Estimated rebates unpaid prior year .....		4,383,026	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	4,383,026	XXX	4,383,026	
5.5 Estimated rebates unpaid current year .....		.0	.0	2,089,619	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	2,089,619	XXX	2,089,619	
5.6 Fee for service and co-pay revenue .....		.0	0	.0	.0	.0	.0	.0	.0	.0	.0	0	.0	.0	XXX	.0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		(19,800,676)	72,528,313	78,583,591	0	0	0	0	0	0	0	16,555,389	0	147,866,617	XXX	147,866,617	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		(33)	405,260	424,537	.0	.0	.0	.0	.0	.0	.0	1,699	.0	831,463	22,459	853,922	
6.2 Activities to prevent hospital readmissions .....		.0	158,771	168,664	.0	.0	.0	.0	.0	.0	.0	.1	.0	327,437	989	328,425	
6.3 Improve patient safety and reduce medical errors .....		(4)	134,223	127,960	.0	.0	.0	.0	.0	.0	.0	115	.0	262,295	8,329	270,625	
6.4 Wellness and health promotion activities .....		.0	938,603	1,304,121	.0	.0	.0	.0	.0	.0	.0	134,194	.0	2,376,919	76,860	2,453,778	
6.5 Health Information Technology expenses related to health improvement .....		658	194,496	204,932	.0	.0	.0	.0	.0	.0	.0	37,774	.0	437,861	22,254	460,115	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		622	1,831,354	2,230,215	0	0	0	0	0	0	0	173,783	0	4,235,974	130,892	4,366,865	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		3.527	0.794	0.881	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.1	617,526	700,023	.0	.0	.0	.0	.0	.0	.0	92,422	.0	1,409,972	102,614	1,512,586	
8.2 All other claims adjustment expenses .....		(230,934)	530,935	705,555	.0	.0	.0	.0	.0	.0	.0	165,206	.0	1,170,763	98,384	1,269,147	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		(230,933)	1,148,461	1,405,578	0	0	0	0	0	0	0	257,629	0	2,580,735	200,998	2,781,733	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.041	0.012	0.015	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.010	0.000	XXX	XXX	XXX	

216-1.TN

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:																
10.1 Direct sales salaries and benefits .....		0	325,226	436,623	0	0	0	0	0	0	0	146,161	0	908,010	101,030	1,009,040
10.2 Agents and brokers fees and commissions.....		(77,680)	4,265,079	4,139,526	0	0	0	0	0	0	0	2,312,852	0	10,639,777	500,501	11,140,279
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....		49,620	280,359	240,385	0	0	0	0	0	0	0	173,530	0	743,894	31,700	775,593
10.4 Other general and administrative expenses.....		286,752	6,641,587	7,264,357	0	0	0	0	0	0	0	205,318	0	14,398,014	903,513	15,301,527
10.4a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)		258,692	11,512,251	12,080,892	0	0	0	0	0	0	0	2,837,860	0	26,689,695	1,536,744	28,226,439
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)		14,158,525	7,793,589	(2,624,650)	0	0	0	0	0	0	0	4,066,876	0	23,394,339	XXX	21,886,939
12. Income from fees of uninsured plans		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,900,117	1,900,117
13. Net investment and other gain/(loss)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,394,339	XXX	23,787,056
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1. Number of certificates/policies		0	10,860	13,593	0	0	0	0	0	0	0	59,312	0	83,765	3,163	86,928
2. Number of Covered Lives		0	18,953	22,767	0	0	0	0	0	0	0	91,753	0	133,473	5,595	139,068
3. Number of Groups		XXX	1,678	294	XXX	0	0	0	0	0	0	2,778	0	4,750	143	4,893
4. Member Months		1,124	247,654	260,839	0	0	0	0	0	0	0	972,363	0	1,481,980	35,708	1,517,688

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	( 10,087,024)	( 127,102)	6,067,111	(947,155)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	1,078,900	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	2,178,660	(962,517)	1,847,105	299,322
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	1,080,317	XXX	6,454,264	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.63,751	.0	.72,444	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Tennessee		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13		
					Mini-Med Plans					Student Health Plans							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group			Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)		
1. Health Premiums Earned:																	
1.1 Direct premiums written		(3,562,447)	102,165,419	96,462,054	0	0	0	0	0	0	0	0	25,889,230	0	220,954,256		
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	52,313	0	52,313		
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	68,298	0	68,298		
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	(15,985)	0	(15,985)		
1.5 Paid rate credits		7,013,348	0	1,578,303	0	0	0	0	0	0	0	0	0	0	8,591,650		
1.6 Reserve for rate credits current year		0	0	2,089,619	0	0	0	0	0	0	0	0	0	0	2,089,619		
1.7 Reserve for rate credits prior year		4,383,026	0	0	0	0	0	0	0	0	0	0	0	0	4,383,026		
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		(4,383,026)	0	2,089,619	0	0	0	0	0	0	0	0	0	0	(2,293,407)		
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		(3,562,447)	102,165,419	96,462,054	0	0	0	0	0	0	0	0	25,873,245	0	220,938,270		
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	874	0	874		
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(738,743)	0	(738,743)		
1.14 Ceded premiums earned to non-affiliates		0	2,055,925	0	0	0	0	0	0	0	0	0	55,282	0	2,111,206		
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		(6,192,769)	100,109,494	92,794,132	0	0	0	0	0	0	0	0	25,080,095	0	211,790,952		
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		5,363,460	77,642,489	72,488,530	0	0	0	0	0	0	0	0	16,308,136	0	171,802,615		
2.2 Direct claim liability current year		1,645,671	5,963,499	6,934,230	0	0	0	0	0	0	0	0	2,391,307	0	16,934,707		
2.3 Direct claim liability prior year		31,008,053	7,102,989	6,016,844	0	0	0	0	0	0	0	0	1,523,941	0	45,651,827		
2.4 Direct claim reserves current year		0	311,573	2,914	0	0	0	0	0	0	0	0	35,738	0	350,225		
2.5 Direct claim reserves prior year		0	203,232	1,578	0	0	0	0	0	0	0	0	38,350	0	243,160		
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	3,326	0	3,326		
2.7 Direct contract reserves prior year		2,886,247	0	0	0	0	0	0	0	0	0	0	2,468	0	2,888,715		
2.8 Paid rate credits		7,013,348	0	1,578,303	0	0	0	0	0	0	0	0	0	0	8,591,650		
2.9 Reserve for rate credits current year		0	0	2,089,619	0	0	0	0	0	0	0	0	0	0	2,089,619		
2.10 Reserve for rate credits prior year		4,383,026	0	0	0	0	0	0	0	0	0	0	0	0	4,383,026		
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		(4,455,589)	1,566,844	(1,419,258)	0	0	0	0	0	0	0	0	83,991	0	(4,224,011)		
2.12a Healthcare receivables current year		(60,680)	1,427,138	1,176,394	0	0	0	0	0	0	0	0	84,203	0	2,627,055		
2.12b Healthcare receivables prior year		4,394,909	(139,706)	2,595,652	0	0	0	0	0	0	0	0	212	0	6,851,066		
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		(19,799,258)	75,044,495	78,494,431	0	0	0	0	0	0	0	0	17,089,757	0	150,829,424		
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	73,016	0	73,016		
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(589,013)	0	(589,013)		
2.18 Ceded incurred claims to non-affiliates		1,417	2,516,182	0	0	0	0	0	0	0	0	0	18,371	0	2,535,970		
2.19 Other adjustments due to MLR calculation - Claims		0	0	89,160	0	0	0	0	0	0	0	0	0	0	89,160		
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		(22,430,997)	72,528,313	74,915,669	0	0	0	0	0	0	0	0	16,555,389	0	141,568,374		
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		

(a) Column 13, Line 1.1 includes direct written premium of \$ 7,652,490 for stand-alone dental and \$ 3,587,429 for stand-alone vision policies.

216-3.TN

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Tennessee		DURING THE YEAR		2018	(LOCATION)		NAIC Company Code		73288
	All Expenses				Improving Health Care Quality Expenses					Claims Adjustment Expenses		9		10
			1	2	3	4	5	6	7	8				
			Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses		General Administrative Expenses	Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:													
	1.1	Salaries (including \$ .....(12,521) for affiliated services) .....	(1)	.0	.0	.0	336	335	(58)	(282,029)		156,538	(125,215)	
	1.2	Outsourced Services .....	(34)	.0	(4)	.0	142	105	(25)	22,300		55,069	77,450	
	1.3	EDP Equipment and Software (incl \$ .....1,629 for affiliated services) .....	.0	.0	.0	.0	30	30	(5)	4,687		11,575	16,286	
	1.4	Other Equipment (excl. EDP) (incl \$ .....41 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	117		290	408	
	1.5	Accreditation and Certification (incl \$ .....17 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	48		118	166	
	1.6	Other Expenses (incl \$ .....967 for affiliated services) .....	.2	.0	.0	.0	150	152	88	23,943	(14,517)	9,666		
	1.7	Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	(33)	.0	(4)	.0	658	622	.1	(230,934)		209,072	(21,240)	
	1.8	Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0		.0	.0	
	1.9	Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		49,620	49,620	
	1.10	Total (1.7 to 1.9) .....	(33)	.0	(4)	.0	658	622	.1	(230,934)		258,692	28,380	
	1.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0		0	0	
2.	Small Group Comprehensive Coverage Expenses:													
	2.1	Salaries (including \$ .....553,477 for affiliated services) .....	133,015	10,647	59,368	675,356	98,801	977,188	297,596	286,472		3,973,510	5,534,766	
	2.2	Outsourced Services .....	202,317	142,548	45,687	141,565	41,794	573,913	170,433	103,970		1,431,231	2,279,548	
	2.3	EDP Equipment and Software (incl \$ .....37,100 for affiliated services) .....	10,239	809	3,365	27,354	8,784	50,552	16,969	19,597		283,884	371,002	
	2.4	Other Equipment (excl. EDP) (incl \$ .....890 for affiliated services) .....	256	20	84	329	220	909	421	464		7,108	8,902	
	2.5	Accreditation and Certification (incl \$ .....325 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	172	189		2,887	3,248	
	2.6	Other Expenses (incl \$ .....601,424 for affiliated services) .....	59,433	4,747	25,719	93,997	44,896	228,792	131,936	120,243		5,533,272	6,014,242	
	2.7	Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	405,260	158,771	134,223	938,603	194,496	1,831,354	617,526	530,935		11,231,892	14,211,707	
	2.8	Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0		.0	.0	
	2.9	Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		280,359	280,359	
	2.10	Total (2.7 to 2.9) .....	405,260	158,771	134,223	938,603	194,496	1,831,354	617,526	530,935		11,512,251	14,492,066	
	2.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	110,655	0		0	110,655	
3.	Large Group Comprehensive Coverage Expenses:													
	3.1	Salaries (including \$ .....623,216 for affiliated services) .....	133,786	6,672	54,796	1,002,241	104,110	1,301,605	334,893	388,249		4,207,413	6,232,160	
	3.2	Outsourced Services .....	220,499	158,601	46,608	151,010	44,039	620,757	195,652	135,545		1,494,109	2,446,063	
	3.3	EDP Equipment and Software (incl \$ .....40,668 for affiliated services) .....	10,254	449	2,893	36,677	9,258	59,531	19,974	26,251		300,927	406,683	
	3.4	Other Equipment (excl. EDP) (incl \$ .....957 for affiliated services) .....	256	11	71	347	231	917	496	628		7,532	9,572	
	3.5	Accreditation and Certification (incl \$ .....352 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	202	255		3,059	3,516	
	3.6	Other Expenses (incl \$ .....637,831 for affiliated services) .....	59,742	2,932	23,592	113,846	47,294	247,406	148,806	154,627		5,827,467	6,378,306	
	3.7	Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	424,537	168,664	127,960	1,304,121	204,932	2,230,215	700,023	705,555		11,840,507	15,476,300	
	3.8	Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0		.0	.0	
	3.9	Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		240,385	240,385	
	3.10	Total (3.7 to 3.9) .....	424,537	168,664	127,960	1,304,121	204,932	2,230,215	700,023	705,555		12,080,892	15,716,685	
	3.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	128,891	0		0	128,891	

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Texas		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11)		( 18,465,140)	162,331,408	123,120,086	.0	.0	.0	.0	.0	.0	.0	135,525,728	.0	402,512,081	XXX	402,512,081	
1.2 Federal high risk pools		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	
1.3 State high risk pools		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)		( 18,465,140)	162,331,408	123,120,086	.0	.0	.0	.0	.0	.0	.0	135,525,728	.0	402,512,081	XXX	402,512,081	
1.5 Federal taxes and federal assessments		(3,369,155)	7,240,570	4,323,290	.0	.0	.0	.0	.0	.0	.0	1,244,368	.0	9,439,072	(555,413)	8,883,659	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .0 )		(459,103)	3,132,643	2,130,564	.0	.0	.0	.0	.0	.0	.0	2,069,127	.0	6,873,230	(83,353)	6,789,878	
1.6a Community Benefit Expenditures (informational only)		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.7 Regulatory authority licenses and fees		6,744	89,713	66,553	.0	.0	.0	.0	.0	.0	.0	224,424	.0	387,434	15,481	402,915	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)		( 14,643,627)	151,868,482	116,599,679	.0	.0	.0	.0	.0	.0	.0	131,987,810	.0	385,812,344	XXX	386,435,629	
1.9 Net Assumed less Ceded reinsurance premiums earned		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	( 17,444,725)	.0	( 17,444,725)	XXX	( 17,444,725)	
1.10 Other Adjustments due to MLR calculations - Premiums		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	
1.11 Risk Revenue		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)		( 14,643,627)	151,868,482	116,599,679	0	0	0	0	0	0	0	114,543,085	0	368,367,619	XXX	368,990,904	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs		(2,264,075)	99,080,410	94,205,705	.0	.0	.0	.0	.0	.0	.0	102,143,812	.0	293,165,853	XXX	293,165,853	
2.2 Prescription drugs		( 156,594)	14,250,523	8,059,524	.0	.0	.0	.0	.0	.0	.0	( 1,459)	.0	22,151,994	XXX	22,151,994	
2.3 Pharmaceutical rebates		26,738	2,463,183	1,790,047	.0	.0	.0	.0	.0	.0	.0	825	.0	4,280,793	XXX	4,280,793	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)		(2,447,406)	110,867,750	100,475,182	.0	.0	.0	.0	.0	.0	.0	102,141,528	.0	311,037,054	XXX	311,037,054	
5.1 Net Assumed less Ceded reinsurance claims incurred		(8,782)	.0	.0	.0	.0	.0	.0	.0	.0	.0	( 11,169,703)	.0	( 11,178,485)	XXX	( 11,178,485)	
5.2 Other Adjustments due to MLR calculations - Claims		.0	.0	276,865	.0	.0	.0	.0	.0	.0	.0	.0	.0	276,865	XXX	276,865	
5.3 Rebates paid		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	XXX	.0
5.4 Estimated rebates unpaid prior year		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	XXX	.0
5.5 Estimated rebates unpaid current year		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	XXX	.0
5.6 Fee for service and co-pay revenue		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)		(2,456,188)	110,867,750	100,752,047	0	0	0	0	0	0	0	90,971,824	0	300,135,434	XXX	300,135,434	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes		.1	453,181	456,337	.0	.0	.0	.0	.0	.0	.0	9,801	.0	919,321	50,084	969,405	
6.2 Activities to prevent hospital readmissions		.0	171,923	177,853	.0	.0	.0	.0	.0	.0	.0	.0	.0	349,782	2,346	352,128	
6.3 Improve patient safety and reduce medical errors		.0	120,739	118,421	.0	.0	.0	.0	.0	.0	.0	622	.0	239,783	17,526	257,309	
6.4 Wellness and health promotion activities		.0	789,972	753,269	.0	.0	.0	.0	.0	.0	.0	323,950	.0	1,867,191	292,277	2,159,467	
6.5 Health Information Technology expenses related to health improvement		2,185	254,615	248,850	.0	.0	.0	.0	.0	.0	.0	174,099	.0	679,749	51,427	731,177	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)		2,187	1,790,431	1,754,728	0	0	0	0	0	0	0	508,479	0	4,055,825	413,661	4,469,486	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8		0.167	0.742	0.877	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6		.1	645,240	642,597	.0	.0	.0	.0	.0	.0	.0	551,366	.0	1,839,205	236,210	2,075,415	
8.2 All other claims adjustment expenses		215,766	575,234	609,304	.0	.0	.0	.0	.0	.0	.0	609,176	.0	2,009,480	213,915	2,223,395	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)		215,767	1,220,475	1,251,901	0	0	0	0	0	0	0	1,160,542	0	3,848,685	450,125	4,298,809	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)		(0.015)	0.008	0.011	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.009	0.000	XXX	XXX	XXX	

216-1.TX



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:																
10.1 Direct sales salaries and benefits .....		0	441,319	473,915	0	0	0	0	0	0	0	807,866	0	1,723,101	207,114	1,930,215
10.2 Agents and brokers fees and commissions.....		1,018	4,822,827	2,887,401	0	0	0	0	0	0	0	16,776,815	0	24,488,060	262,166	24,750,227
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....		(55,792)	438,220	316,687	0	0	0	0	0	0	0	526,477	0	1,225,592	78,278	1,303,870
10.4 Other general and administrative expenses.....		1,001,042	8,837,987	9,071,538	0	0	0	0	0	0	0	1,629,026	0	20,539,593	2,096,054	22,635,647
10.4a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)		946,267	14,540,353	12,749,542	0	0	0	0	0	0	0	19,740,184	0	47,976,346	2,643,613	50,619,959
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)		(13,351,660)	23,449,473	91,461	0	0	0	0	0	0	0	2,162,055	0	12,351,329	XXX	9,467,217
12. Income from fees of uninsured plans		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,911,419	4,911,419
13. Net investment and other gain/(loss)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,351,329	XXX	14,378,635
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1. Number of certificates/policies		0	43,726	52,543	0	0	0	0	0	0	0	281,768	0	378,037	3,546	381,583
2. Number of Covered Lives		0	71,438	85,438	0	0	0	0	0	0	0	465,752	0	622,628	7,262	629,890
3. Number of Groups		XXX	1,390	172	XXX	0	0	0	0	0	0	16,753	0	18,315	67	18,382
4. Member Months		1,960	1,006,091	1,086,714	0	0	0	0	0	0	0	5,715,332	0	7,810,097	80,178	7,890,272

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	712,837	(67,024,059)	319,974
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	6,684,291	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	313,599	1,955,763	75,959,122	(995,086)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	6,693,073	XXX	36,573,032	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.44,357	.0	.50,406	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code			0119			BUSINESS IN THE STATE OF			Texas			DURING THE YEAR			2018			(LOCATION)			NAIC Company Code			73288		
			Business Subject to MLR									10	11	12	13											
			Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9															
			1	2	3	4	5	6	7	8																
			Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)											
1. Health Premiums Earned:																										
1.1 Direct premiums written			(18,465,140)	162,331,408	123,120,086	0	0	0	0	0	0	0	135,623,255	0	402,609,609											
1.2 Unearned premium prior year			0	0	0	0	0	0	0	0	0	0	169,078	0	169,078											
1.3 Unearned premium current year			0	0	0	0	0	0	0	0	0	0	266,605	0	266,605											
1.4 Change in unearned premium (Lines 1.2 - 1.3)			0	0	0	0	0	0	0	0	0	0	(97,528)	0	(97,528)											
1.5 Paid rate credits			(44,357)	(53,375)	863,790	0	0	0	0	0	0	0	0	0	766,058											
1.6 Reserve for rate credits current year			0	0	227,196	0	0	0	0	0	0	0	0	0	227,196											
1.7 Reserve for rate credits prior year			0	(53,375)	223,045	0	0	0	0	0	0	0	7,140	0	176,809											
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)			0	53,375	4,151	0	0	0	0	0	0	0	(7,140)	0	50,387											
1.9 Premium balances written off			0	0	0	0	0	0	0	0	0	0	0	0	0											
1.10 Group conversion charge			0	0	0	0	0	0	0	0	0	0	0	0	0											
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)			(18,465,140)	162,331,408	123,120,086	0	0	0	0	0	0	0	135,525,728	0	402,512,081											
1.12 Assumed premiums earned from non-affiliates			0	0	0	0	0	0	0	0	0	0	13,107	0	13,107											
1.13 Net Assumed less Ceded premiums earned from affiliates			0	0	0	0	0	0	0	0	0	0	(16,264,623)	0	(16,264,623)											
1.14 Ceded premiums earned to non-affiliates			0	0	0	0	0	0	0	0	0	0	1,193,209	0	1,193,209											
1.15 Other Adjustments due to MLR calculation - Premiums			0	0	0	0	0	0	0	0	0	0	0	0	0											
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)			(18,420,783)	162,331,408	122,252,145	0	0	0	0	0	0	0	118,088,142	0	384,250,912											
2. Direct Claims Incurred:																										
2.1 Paid claims during the year			1,033,975	113,690,195	101,960,923	0	0	0	0	0	0	0	98,087,924	0	314,773,016											
2.2 Direct claim liability current year			529,711	11,194,969	10,911,367	0	0	0	0	0	0	0	14,844,356	0	37,480,403											
2.3 Direct claim liability prior year			3,894,192	15,367,708	11,960,386	0	0	0	0	0	0	0	11,139,461	0	42,361,747											
2.4 Direct claim reserves current year			0	358,419	172	0	0	0	0	0	0	0	237,156	0	595,747											
2.5 Direct claim reserves prior year			0	449,734	3,704	0	0	0	0	0	0	0	267,344	0	720,782											
2.6 Direct contract reserves current year			0	0	0	0	0	0	0	0	0	0	3,124,205	0	3,124,205											
2.7 Direct contract reserves prior year			(1)	0	0	0	0	0	0	0	0	0	2,628,022	0	2,628,022											
2.8 Paid rate credits			(44,357)	(53,375)	863,790	0	0	0	0	0	0	0	0	0	766,058											
2.9 Reserve for rate credits current year			0	0	227,196	0	0	0	0	0	0	0	0	0	227,196											
2.10 Reserve for rate credits prior year			0	(53,375)	223,045	0	0	0	0	0	0	0	7,140	0	176,809											
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)			0	0	0	0	0	0	0	0	0	0	0	0	0											
2.11a Paid medical incentive pools and bonuses current year			0	0	0	0	0	0	0	0	0	0	0	0	0											
2.11b Accrued medical incentive pools and bonuses current year			0	0	0	0	0	0	0	0	0	0	0	0	0											
2.11c Accrued medical incentive pools and bonuses prior year			0	0	0	0	0	0	0	0	0	0	0	0	0											
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)			72,543	(1,441,610)	1,301,131	0	0	0	0	0	0	0	110,147	0	42,212											
2.12a Healthcare receivables current year			41,400	984,488	618,749	0	0	0	0	0	0	0	110,601	0	1,755,239											
2.12b Healthcare receivables prior year			(31,143)	2,426,098	(682,382)	0	0	0	0	0	0	0	454	0	1,713,027											
2.13 Group conversion charge			0	0	0	0	0	0	0	0	0	0	0	0	0											
2.14 Multi-option coverage blended rate adjustment			0	0	0	0	0	0	0	0	0	0	0	0	0											
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)			(2,447,406)	110,867,750	100,475,182	0	0	0	0	0	0	0	102,141,528	0	311,037,054											
2.16 Assumed incurred claims from non-affiliates			0	0	0	0	0	0	0	0	0	0	(240,776)	0	(240,776)											
2.17 Net assumed less ceded incurred claims from affiliates			0	0	0	0	0	0	0	0	0	0	(8,646,425)	0	(8,646,425)											
2.18 Ceded incurred claims to non-affiliates			8,782	0	0	0	0	0	0	0	0	0	2,282,503	0	2,291,285											
2.19 Other adjustments due to MLR calculation - Claims			0	0	276,865	0	0	0	0	0	0	0	0	0	276,865											
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)			(2,411,830)	110,867,750	99,884,106	0	0	0	0	0	0	0	90,978,964	0	299,318,989											
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)			0	0	0	0	0	0	0	0	0	0	0	0	0											

(a) Column 13, Line 1.1 includes direct written premium of \$ 55,494,045 for stand-alone dental and \$ 16,219,370 for stand-alone vision policies.

216-3.TX

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATIONHumana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Texas		DURING THE YEAR		2018		(LOCATION) NAIC Company Code		73288	
	All Expenses	Improving Health Care Quality Expenses									Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8					
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)			
1.	Individual Comprehensive Coverage Expenses:													
	1.1 Salaries (including \$ .....61,385 for affiliated services) .....	(4)	.0	.0	.0	1,114	1,109	(203)	47,628	565,321	613,855			
	1.2 Outsourced Services .....	.0	.0	.0	.1	470	471	(86)	73,382	183,999	257,766			
	1.3 EDP Equipment and Software (incl \$ .....5,418 for affiliated services) .....	.0	.0	.0	.0	99	99	(18)	15,424	38,674	54,178			
	1.4 Other Equipment (excl. EDP) (incl \$ .....136 for affiliated services) .....	.0	.0	.0	.0	2	2	.0	386	969	1,357			
	1.5 Accreditation and Certification (incl \$ .....55 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	157	394	552			
	1.6 Other Expenses (incl \$ .....29,231 for affiliated services) .....	.6	.0	.0	.0	501	506	308	78,788	212,702	292,306			
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.1	.0	.0	.0	2,185	2,187	.1	215,766	1,002,059	1,220,013			
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(55,792)	(55,792)			
	1.10 Total (1.7 to 1.9) .....	.1	.0	.0	.0	2,185	2,187	.1	215,766	946,267	1,164,221			
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0			
2.	Small Group Comprehensive Coverage Expenses:													
	2.1 Salaries (including \$ .....647,982 for affiliated services) .....	145,497	6,536	49,112	492,762	129,348	823,255	306,390	282,107	5,068,068	6,479,821			
	2.2 Outsourced Services .....	229,608	161,921	46,463	174,318	54,715	667,024	175,896	126,351	1,798,339	2,767,610			
	2.3 EDP Equipment and Software (incl \$ .....46,826 for affiliated services) .....	12,141	527	3,404	24,495	11,505	52,072	22,443	25,559	368,183	468,257			
	2.4 Other Equipment (excl. EDP) (incl \$ .....1,150 for affiliated services) .....	304	13	85	403	287	1,091	561	624	9,224	11,499			
	2.5 Accreditation and Certification (incl \$ .....423 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	228	254	3,747	4,230			
	2.6 Other Expenses (incl \$ .....738,162 for affiliated services) .....	65,631	2,927	21,676	97,994	58,760	246,988	139,723	140,338	6,854,571	7,381,621			
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	453,181	171,923	120,739	789,972	254,615	1,790,431	645,240	575,234	14,102,133	17,113,038			
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	438,220	438,220			
	2.10 Total (2.7 to 2.9) .....	453,181	171,923	120,739	789,972	254,615	1,790,431	645,240	575,234	14,540,353	17,551,258			
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	147,195	0	0	147,195			
3.	Large Group Comprehensive Coverage Expenses:													
	3.1 Salaries (including \$ .....660,240 for affiliated services) .....	143,802	6,541	47,142	464,512	126,439	788,436	302,998	298,189	5,212,774	6,602,396			
	3.2 Outsourced Services .....	235,176	167,842	46,913	176,311	53,479	679,722	177,473	134,439	1,866,113	2,857,747			
	3.3 EDP Equipment and Software (incl \$ .....48,077 for affiliated services) .....	12,129	527	3,400	22,637	11,241	49,935	23,007	27,477	380,350	480,769			
	3.4 Other Equipment (excl. EDP) (incl \$ .....1,181 for affiliated services) .....	303	13	84	363	280	1,044	574	673	9,521	11,811			
	3.5 Accreditation and Certification (incl \$ .....438 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	233	274	3,868	4,376			
	3.6 Other Expenses (incl \$ .....548,239 for affiliated services) .....	64,926	2,929	20,881	89,444	57,410	235,592	138,313	148,252	4,960,230	5,482,386			
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	456,337	177,853	118,421	753,269	248,850	1,754,728	642,597	609,304	12,432,855	15,439,484			
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	316,687	316,687			
	3.10 Total (3.7 to 3.9) .....	456,337	177,853	118,421	753,269	248,850	1,754,728	642,597	609,304	12,749,542	15,756,172			
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	150,002	0	0	150,002			

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Utah		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		6,691	2,801,994	4,419,933	.0	.0	.0	.0	.0	.0	.0	.0	3,279,809	.0	10,508,428	XXX	10,508,428
1.2 Federal high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
1.3 State high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		6,691	2,801,994	4,419,933	.0	.0	.0	.0	.0	.0	.0	.0	3,279,809	.0	10,508,428	XXX	10,508,428
1.5 Federal taxes and federal assessments .....		84,734	(59,157)	176,357	.0	.0	.0	.0	.0	.0	.0	.0	35,816	.0	237,750	(7,081)	230,669
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		12,895	110,435	193,312	.0	.0	.0	.0	.0	.0	.0	.0	141,104	.0	457,746	(1,068)	456,678
1.6a Community Benefit Expenditures (informational only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.7 Regulatory authority licenses and fees .....		.0	2,112	2,829	.0	.0	.0	.0	.0	.0	.0	.0	28,225	.0	33,165	122	33,287
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		(90,939)	2,748,604	4,047,436	.0	.0	.0	.0	.0	.0	.0	.0	3,074,664	.0	9,779,766	XXX	9,787,794
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(727)	.0	(727)	XXX	(727)
1.10 Other Adjustments due to MLR calculations - Premiums .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
1.11 Risk Revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		(90,939)	2,748,604	4,047,436	0	0	0	0	0	0	0	0	3,073,937	0	9,779,039	XXX	9,787,067
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		(495,572)	2,220,893	3,145,293	.0	.0	.0	.0	.0	.0	.0	.0	2,162,228	.0	7,032,842	XXX	7,032,842
2.2 Prescription drugs .....		(8,018)	470,014	425,353	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	887,348	XXX	887,348
2.3 Pharmaceutical rebates .....		2,109	79,080	130,896	.0	.0	.0	.0	.0	.0	.0	.0	85	.0	212,170	XXX	212,170
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		(505,700)	2,611,827	3,439,750	.0	.0	.0	.0	.0	.0	.0	.0	2,162,143	.0	7,708,020	XXX	7,708,020
5.1 Net Assumed less Ceded reinsurance claims incurred .....		(130)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(130)	XXX	(130)
5.2 Other Adjustments due to MLR calculations - Claims .....		.0	.0	(167,403)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(167,403)	XXX	(167,403)
5.3 Rebates paid .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	XXX	.0
5.4 Estimated rebates unpaid prior year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	XXX	.0
5.5 Estimated rebates unpaid current year .....		.0	.0	184,799	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	XXX	184,799
5.6 Fee for service and co-pay revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		(505,829)	2,611,827	3,457,146	0	0	0	0	0	0	0	0	2,162,143	0	7,725,286	XXX	7,725,286
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		.0	10,601	21,020	.0	.0	.0	.0	.0	.0	.0	.0	270	.0	31,891	359	32,249
6.2 Activities to prevent hospital readmissions .....		.0	4,212	8,281	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	12,493	18	12,511
6.3 Improve patient safety and reduce medical errors .....		.0	3,030	5,872	.0	.0	.0	.0	.0	.0	.0	.0	14	.0	8,916	70	8,986
6.4 Wellness and health promotion activities .....		.0	22,222	119,423	.0	.0	.0	.0	.0	.0	.0	.0	36,675	.0	178,320	2,120	180,440
6.5 Health Information Technology expenses related to health improvement .....		.0	5,428	10,371	.0	.0	.0	.0	.0	.0	.0	.0	5,274	.0	21,073	394	21,467
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	45,493	164,966	0	0	0	0	0	0	0	0	42,233	0	252,692	2,960	255,653
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		5.561	0.967	0.891	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.0	16,338	33,964	.0	.0	.0	.0	.0	.0	.0	.0	14,870	.0	65,173	2,467	67,639
8.2 All other claims adjustment expenses .....		(1,560)	18,730	28,332	.0	.0	.0	.0	.0	.0	.0	.0	30,419	.0	75,921	1,629	77,550
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		(1,560)	35,069	62,296	0	0	0	0	0	0	0	0	45,289	0	141,094	4,096	145,190
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.017	0.013	0.015	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.015	0.000	XXX	XXX	XXX

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	0	9,087	20,383	0	0	0	0	0	0	0	23,154	0	52,624	1,866	54,490
10.2 Agents and brokers fees and commissions.....	223	101,974	105,253	0	0	0	0	0	0	0	187,381	0	394,831	12,423	407,254
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	2,448	4,192	12,290	0	0	0	0	0	0	0	(36,940)	0	(18,010)	457	(17,554)
10.4 Other general and administrative expenses.....	19,567	180,645	367,400	0	0	0	0	0	0	0	142,316	0	709,927	19,088	729,015
10.4a Community Benefit Expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	22,238	295,898	505,325	0	0	0	0	0	0	0	315,910	0	1,139,371	33,834	1,173,205
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	394,212	(239,682)	(142,297)	0	0	0	0	0	0	0	508,362	0	520,595	XXX	487,733
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,715	21,715
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	520,595	XXX	509,447
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	202	515	0	0	0	0	0	0	0	5,418	0	6,135	17	6,152
2. Number of Covered Lives	0	427	1,110	0	0	0	0	0	0	0	10,238	0	11,775	29	11,804
3. Number of Groups	XXX	48	17	XXX	0	0	0	0	0	0	130	0	195	1	196
4. Member Months	0	6,388	12,951	0	0	0	0	0	0	0	131,388	0	150,727	650	151,377

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	(2,051)	(2,336,783)	466,850
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	98,622	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	8,460	154,076	2,139,090	(450,554)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	98,752	XXX	971,231	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Utah		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10	11	12	13		
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		6,691	2,801,994	4,419,933	0	0	0	0	0	0	0	3,280,950	0	10,509,568			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	5,042	0	5,042			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	6,182	0	6,182			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	(1,140)	0	(1,140)			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	184,799	0	0	0	0	0	0	0	0	0	184,799			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	184,799	0	0	0	0	0	0	0	0	0	184,799			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		6,691	2,801,994	4,419,933	0	0	0	0	0	0	0	3,279,809	0	10,508,428			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	(9,124)	0	(9,124)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	8,397	0	8,397			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		6,691	2,801,994	4,235,134	0	0	0	0	0	0	0	3,279,082	0	10,322,902			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		(413,872)	2,653,088	3,426,839	0	0	0	0	0	0	0	2,178,522	0	7,844,578			
2.2 Direct claim liability current year		78,451	(123,551)	677,501	0	0	0	0	0	0	0	239,910	0	872,310			
2.3 Direct claim liability prior year		169,711	86,817	679,439	0	0	0	0	0	0	0	249,002	0	1,184,969			
2.4 Direct claim reserves current year		0	2,768	55	0	0	0	0	0	0	0	0	0	2,823			
2.5 Direct claim reserves prior year		0	4,118	103	0	0	0	0	0	0	0	0	0	4,221			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	184,799	0	0	0	0	0	0	0	0	0	184,799			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		568	(170,457)	169,902	0	0	0	0	0	0	0	7,287	0	7,301			
2.12a Healthcare receivables current year		4,791	57,805	5,076	0	0	0	0	0	0	0	7,352	0	75,024			
2.12b Healthcare receivables prior year		4,223	228,262	(164,827)	0	0	0	0	0	0	0	65	0	67,723			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		(505,700)	2,611,827	3,439,750	0	0	0	0	0	0	0	2,162,143	0	7,708,020			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	(53)	0	(53)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(9,880)	0	(9,880)			
2.18 Ceded incurred claims to non-affiliates		130	0	0	0	0	0	0	0	0	0	(9,933)	0	(9,803)			
2.19 Other adjustments due to MLR calculation - Claims		0	0	17,396	0	0	0	0	0	0	0	0	0	17,396			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		(505,829)	2,611,827	3,272,347	0	0	0	0	0	0	0	2,162,143	0	7,540,487			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 946,565 for stand-alone dental and \$ 416,346 for stand-alone vision policies.



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2.      1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Utah	DURING THE YEAR		2018	(LOCATION)	NAIC Company Code		73288
	All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9	10	
		1	2	3	4	5	6	7	8			
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:											
	1.1 Salaries (including \$ .....1,800 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	(1,559)	19,562	18,003	
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.1	.1	
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	
	1.6 Other Expenses (incl \$ .....23 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	226	226	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	(1,560)	19,790	18,230	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,448	2,448	
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	(1,560)	22,238	20,678	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0	
2.	Small Group Comprehensive Coverage Expenses:											
	2.1 Salaries (including \$ .....14,372 for affiliated services) .....	3,316	.152	1,265	15,122	2,757	22,612	.7,579	9,743	103,783	143,718	
	2.2 Outsourced Services .....	5,529	.3,982	1,140	4,012	1,166	15,828	4,872	3,859	36,737	61,296	
	2.3 EDP Equipment and Software (incl \$ .....998 for affiliated services) .....	263	.11	.74	.661	246	1,255	.481	.771	7,470	9,978	
	2.4 Other Equipment (excl. EDP) (incl \$ .....24 for affiliated services) .....	.7	.0	.2	.9	.6	.24	.12	.19	.187	.241	
	2.5 Accreditation and Certification (incl \$ .....9 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.5	.8	.76	.89	
	2.6 Other Expenses (incl \$ .....15,695 for affiliated services) .....	1,487	.67	.550	2,417	1,253	5,774	3,389	4,331	143,453	156,946	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	10,601	4,212	3,030	22,222	5,428	45,493	16,338	18,730	291,706	372,268	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,192	4,192	
	2.10 Total (2.7 to 2.9) .....	10,601	4,212	3,030	22,222	5,428	45,493	16,338	18,730	295,898	376,459	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	3,155	0	0	3,155	
3.	Large Group Comprehensive Coverage Expenses:											
	3.1 Salaries (including \$ .....35,658 for affiliated services) .....	6,581	.289	2,424	100,784	5,269	115,348	15,085	13,772	212,372	356,577	
	3.2 Outsourced Services .....	10,940	.7,839	2,237	6,826	2,229	30,071	11,074	6,241	75,130	122,516	
	3.3 EDP Equipment and Software (incl \$ .....2,201 for affiliated services) .....	530	.23	149	3,247	468	4,417	1,005	1,244	15,343	22,010	
	3.4 Other Equipment (excl. EDP) (incl \$ .....49 for affiliated services) .....	.13	.1	.4	.19	.12	.48	.25	.30	.384	.488	
	3.5 Accreditation and Certification (incl \$ .....18 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.10	.12	.156	.178	
	3.6 Other Expenses (incl \$ .....21,853 for affiliated services) .....	2,955	.129	1,058	8,548	2,392	15,082	6,765	7,033	189,650	218,529	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	21,020	8,281	5,872	119,423	10,371	164,966	33,964	28,332	493,035	720,297	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,290	12,290	
	3.10 Total (3.7 to 3.9) .....	21,020	8,281	5,872	119,423	10,371	164,966	33,964	28,332	505,325	732,587	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	6,537	0	0	6,537	

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

2. 1100 Employers Boulevard DePere, WI 54115

REPORT FOR: 1. CORPORATION

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Vermont		DURING THE YEAR				2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9	10	11	12	13	14	15			
					Mini-Med Plans														
		1	2	3	4	5	6	7	8								Student Health Plans	Government Business (excluded by statute)	Other Health Business
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group										
1. Premium:																			
1.1 Health premiums earned (From Part 2, Line 1.11) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
1.2 Federal high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
1.3 State high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
1.5 Federal taxes and federal assessments .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
1.6a Community Benefit Expenditures (informational only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
1.7 Regulatory authority licenses and fees .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
1.10 Other Adjustments due to MLR calculations - Premiums .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
1.11 Risk Revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. Claims:																			
2.1 Incurred claims excluding prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
2.2 Prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
2.3 Pharmaceutical rebates .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
5.1 Net Assumed less Ceded reinsurance claims incurred .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
5.2 Other Adjustments due to MLR calculations - Claims .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
5.3 Rebates paid .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
5.4 Estimated rebates unpaid prior year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
5.5 Estimated rebates unpaid current year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
5.6 Fee for service and co-pay revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. Improving Health Care Quality Expenses Incurred:																			
6.1 Improve health outcomes .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
6.2 Activities to prevent hospital readmissions .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
6.3 Improve patient safety and reduce medical errors .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
6.4 Wellness and health promotion activities .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
6.5 Health Information Technology expenses related to health improvement .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX			
8. Claims Adjustment Expenses:																			
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
8.2 All other claims adjustment expenses .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.011	0.000	XXX	XXX	XXX			

216-1.VT

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:																
10.1 Direct sales salaries and benefits .....		0	0	0	0	0	0	0	0	0	0	5,955	0	5,955	0	5,955
10.2 Agents and brokers fees and commissions.....		0	0	0	0	0	0	0	0	0	0	351,293	0	351,293	0	351,293
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....		0	0	0	0	0	0	0	0	0	0	4,880	0	4,880	0	4,880
10.4 Other general and administrative expenses.....		0	0	0	0	0	0	0	0	0	0	267,142	0	267,142	0	267,142
10.4a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)		0	0	0	0	0	0	0	0	0	0	629,270	0	629,270	0	629,270
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)		0	0	0	0	0	0	0	0	0	0	209,407	0	209,407	XXX	209,407
12. Income from fees of uninsured plans		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	209,407	XXX	209,407
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1. Number of certificates/policies		0	0	0	0	0	0	0	0	0	0	1,732	0	1,732	0	1,732
2. Number of Covered Lives		0	0	0	0	0	0	0	0	0	0	1,746	0	1,746	0	1,746
3. Number of Groups		XXX	0	0	XXX	0	0	0	0	0	0	4	0	4	0	4
4. Member Months		0	0	0	0	0	0	0	0	0	0	20,285	0	20,285	0	20,285

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Vermont		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12	
		Mini-Med Plans															
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	3,030,586	0	3,030,586			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	3,030,586	0	3,030,586			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	3,030,586	0	3,030,586			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	2,216,495	0	2,216,495			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	263,681	0	263,681			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	242,458	0	242,458			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	8,993	0	8,993			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	8,998	0	8,998			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	5	0	5			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	2,228,726	0	2,228,726			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	2,228,726	0	2,228,726			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 0 for stand-alone dental and \$ 4,645 for stand-alone vision policies.

216-3-VT

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR				(LOCATION)		NAIC Company Code	
0119		Vermont		2018				73288			
All Expenses		Improving Health Care Quality Expenses				Claims Adjustment Expenses					
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

216-4.VT

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Virginia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	13	14	15
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11)		(2,164)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.2 Federal high risk pools		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 State high risk pools		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)		(2,164)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.5 Federal taxes and federal assessments		13,063	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6 State insurance, premium and other taxes (Similar local taxes of \$ )		1,997	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6a Community Benefit Expenditures (informational only)		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.7 Regulatory authority licenses and fees		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)		(17,224)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.9 Net Assumed less Ceded reinsurance premiums earned		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.10 Other Adjustments due to MLR calculations - Premiums		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.11 Risk Revenue		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)		(17,224)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Claims:																	
2.1 Incurred claims excluding prescription drugs		(75,700)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Prescription drugs		(4,185)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Pharmaceutical rebates		1,541	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred medical incentive pools and bonuses		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)		(81,426)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Net Assumed less Ceded reinsurance claims incurred		(148)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Other Adjustments due to MLR calculations - Claims		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.3 Rebates paid		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.4 Estimated rebates unpaid prior year		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.5 Estimated rebates unpaid current year		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.6 Fee for service and co-pay revenue		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)		(81,573)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.2 Activities to prevent hospital readmissions		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.3 Improve patient safety and reduce medical errors		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.4 Wellness and health promotion activities		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.5 Health Information Technology expenses related to health improvement		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8		4.727	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.2 All other claims adjustment expenses		(624)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)		(624)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)		0.036	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.015	0.000	XXX	XXX	XXX	XXX

216-1-VA

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....146,485	.....0	.....146,485	.....0	.....146,485
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....2,350,574	.....0	.....2,350,574	.....0	.....2,350,574
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....379	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....181,256	.....0	.....181,635	.....0	.....181,635
	10.4 Other general and administrative expenses.....	.....(2)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(565,703)	.....0	.....(565,705)	.....0	.....(565,705)
	10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	.....377	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....2,112,611	.....0	.....2,112,988	.....0	.....2,112,988
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	.....64,595	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....3,493,015	.....0	.....3,557,611	.....XXX	.....3,557,611
12.	Income from fees of uninsured plans	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....0
13.	Net investment and other gain/(loss)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....XXX	.....0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	.....XXX	.....0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....3,557,611	.....XXX	.....3,557,611
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
OTHER INDICATORS:																
1.	Number of certificates/policies	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....45,049	.....0	.....45,049	.....0	.....45,049
2.	Number of Covered Lives	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....71,243	.....0	.....71,243	.....0	.....71,243
3.	Number of Groups	.....XXX	.....0	.....0	.....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....734	.....0	.....734	.....0	.....734
4.	Member Months	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....792,651	.....0	.....792,651	.....0	.....792,651

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	24,370	0
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	112,357	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	0	(329,365)	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	112,504	XXX	768,461	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Virginia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12		13	
					Mini-Med Plans														
		1	2	3	4	5	6	7	8	9									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans		Government Business (excluded by statute)		Other Health Business		Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		Total (a)	
1. Health Premiums Earned:																			
1.1 Direct premiums written		(2,164)	0	0	0	0	0	0	0	0	0	0	29,910,681	0	29,908,518	0	29,908,518	0	29,908,518
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	61,204	0	61,204	0	61,204	0	61,204
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	79,262	0	79,262	0	79,262	0	79,262
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	(18,058)	0	(18,058)	0	(18,058)	0	(18,058)
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		(2,164)	0	0	0	0	0	0	0	0	0	0	29,892,624	0	29,890,460	0	29,890,460	0	29,890,460
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	9,291	0	9,291	0	9,291	0	9,291
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(1,672,656)	0	(1,672,656)	0	(1,672,656)	0	(1,672,656)
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	48,854	0	48,854	0	48,854	0	48,854
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		(2,164)	0	0	0	0	0	0	0	0	0	0	28,180,406	0	28,178,242	0	28,178,242	0	28,178,242
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		(15,101)	0	0	0	0	0	0	0	0	0	0	21,662,186	0	21,647,084	0	21,647,084	0	21,647,084
2.2 Direct claim liability current year		930	0	0	0	0	0	0	0	0	0	0	2,704,744	0	2,705,674	0	2,705,674	0	2,705,674
2.3 Direct claim liability prior year		66,302	0	0	0	0	0	0	0	0	0	0	2,392,335	0	2,458,637	0	2,458,637	0	2,458,637
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	294,313	0	294,313	0	294,313	0	294,313
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	358,796	0	358,796	0	358,796	0	358,796
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year		(1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		953	0	0	0	0	0	0	0	0	0	0	86,066	0	87,019	0	87,019	0	87,019
2.12a Healthcare receivables current year		1,764	0	0	0	0	0	0	0	0	0	0	86,273	0	88,037	0	88,037	0	88,037
2.12b Healthcare receivables prior year		811	0	0	0	0	0	0	0	0	0	0	206	0	1,017	0	1,017	0	1,017
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		(81,426)	0	0	0	0	0	0	0	0	0	0	21,824,046	0	21,742,620	0	21,742,620	0	21,742,620
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(217,998)	0	(217,998)	0	(217,998)	0	(217,998)
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(527,021)	0	(527,021)	0	(527,021)	0	(527,021)
2.18 Ceded incurred claims to non-affiliates		148	0	0	0	0	0	0	0	0	0	0	(158,482)	0	(158,335)	0	(158,335)	0	(158,335)
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		(81,573)	0	0	0	0	0	0	0	0	0	0	21,237,509	0	21,155,936	0	21,155,936	0	21,155,936
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of \$ 10,581,070 for stand-alone dental and \$ 1,790,888 for stand-alone vision policies.

216-3-VA

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Virginia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9		10			
		1	2	3	4	5	6	7	8	9		10					
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses		Total Expenses (6 to 9)					
1.	Individual Comprehensive Coverage Expenses:																
	1.1 Salaries (including \$ ..... (63) for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	(624)	(2)	(625)						
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0						
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	(624)	(2)	(626)						
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.379	.379						
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	(624)	.377	(247)						
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0						
2.	Small Group Comprehensive Coverage Expenses:																
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0						
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0						
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0						
3.	Large Group Comprehensive Coverage Expenses:																
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0						
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0						
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0						

216-4. VA

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Washington		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.2 Federal high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 State high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.5 Federal taxes and federal assessments .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6a Community Benefit Expenditures (informational only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.7 Regulatory authority licenses and fees .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.10 Other Adjustments due to MLR calculations - Premiums .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.11 Risk Revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Pharmaceutical rebates .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Net Assumed less Ceded reinsurance claims incurred .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Other Adjustments due to MLR calculations - Claims .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.3 Rebates paid .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.4 Estimated rebates unpaid prior year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.5 Estimated rebates unpaid current year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.6 Fee for service and co-pay revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.2 Activities to prevent hospital readmissions .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.3 Improve patient safety and reduce medical errors .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.4 Wellness and health promotion activities .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.5 Health Information Technology expenses related to health improvement .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	XXX
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.2 All other claims adjustment expenses .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.013	0.000	XXX	XXX	XXX	XXX



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15	
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9							
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group								Student Health Plans
10. General and Administrative (G&A) Expenses:																
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....17,261	.....0	.....17,261	.....0	.....17,261
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....792,673	.....0	.....792,673	.....0	.....792,673
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(4,008)	.....0	.....(4,008)	.....0	.....(4,008)
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(140,700)	.....0	.....(140,700)	.....0	.....(140,700)
10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	665,226	0	665,226	0	665,226
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	1,311,267	0	1,311,267	XXX	1,311,267
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,311,267	XXX	1,311,267
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	4,297	0	4,297	0	4,297
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	4,297	0	4,297	0	4,297
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	51,129	0	51,129	0	51,129

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Washington		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12		13	
					Mini-Med Plans														
		1	2	3	4	5	6	7	8	9									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)					
1. Health Premiums Earned:																			
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	6,945,265	0	6,945,265					
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	6,945,265	0	6,945,265					
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	2,481	0	2,481					
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	6,942,783	0	6,942,783					
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	4,677,381	0	4,677,381					
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	579,056	0	579,056					
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	555,750	0	555,750					
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	16,940	0	16,940					
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	17,132	0	17,132					
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	193	0	193					
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	4,683,748	0	4,683,748					
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	(4)	0	(4)					
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	4	0	4					
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	4,683,748	0	4,683,748					
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0					

(a) Column 13, Line 1.1 includes direct written premium of \$ 0 for stand-alone dental and \$ 0 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION      Humana Insurance Company      2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Washington		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9		10			
		1	2	3	4	5	6	7	8	9	10						
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)						
1.	Individual Comprehensive Coverage Expenses:																
	1.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0						
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0						
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0						
2.	Small Group Comprehensive Coverage Expenses:																
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0						
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0						
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0						
3.	Large Group Comprehensive Coverage Expenses:																
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0						
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0						
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0						
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0						

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company

REPORT FOR: 1. CORPORATION

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		West Virginia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	5,784,676	0	5,784,676	XXX	5,784,676	
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	5,784,676	0	5,784,676	XXX	5,784,676	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	218,042	0	218,042	0	218,042	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	185,535	0	185,535	0	185,535	
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	13,012	0	13,012	0	13,012	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	5,368,088	0	5,368,088	XXX	5,368,088	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	(270)	0	(270)	XXX	(270)	
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	5,367,818	0	5,367,818	XXX	5,367,818	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	3,819,564	0	3,819,564	XXX	3,819,564	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	442	0	442	XXX	442	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	950	0	950	XXX	950	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	3,819,056	0	3,819,056	XXX	3,819,056	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	3,819,056	0	3,819,056	XXX	3,819,056	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	397	0	397	0	397	
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	4	0	4	0	4	
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	35,840	0	35,840	0	35,840	
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	7,152	0	7,152	0	7,152	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	43,392	0	43,392	0	43,392	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	17,651	0	17,651	0	17,651	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	45,553	0	45,553	0	45,553	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	63,204	0	63,204	0	63,204	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.012	0.000	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.27,428	.0	.27,428	.0	.27,428
	10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	429,005	.0	429,005	.0	429,005
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	55,026	.0	55,026	.0	55,026
	10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(981,856)	.0	(981,856)	.0	(981,856)
	10.4a Community Benefit Expenditures (informational only) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	(470,397)	0	(470,397)	0	(470,397)
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	1,912,562	0	1,912,562	XXX	1,912,562
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,912,562	XXX	1,912,562
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	7,043	0	7,043	0	7,043
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	9,564	0	9,564	0	9,564
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	47	0	47	0	47
4.	Member Months	0	0	0	0	0	0	0	0	0	0	102,559	0	102,559	0	102,559

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		West Virginia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288			
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12		13	
					Mini-Med Plans														
		1	2	3	4	5	6	7	8	9									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)					
1. Health Premiums Earned:																			
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	5,784,357	0	5,784,357					
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	16,161	0	16,161					
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	15,842	0	15,842					
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	319	0	319					
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	5,784,676	0	5,784,676					
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(270)	0	(270)					
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	5,784,406	0	5,784,406					
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	3,794,634	0	3,794,634					
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	425,368	0	425,368					
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	391,780	0	391,780					
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	9,167	0	9,167					
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	9,395	0	9,395					
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	228	0	228					
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	3,819,056	0	3,819,056					
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	(21)	0	(21)					
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	21	0	21					
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0					
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	3,819,056	0	3,819,056					
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0					

(a) Column 13, Line 1.1 includes direct written premium of \$ 1,376,938 for stand-alone dental and \$ 253,224 for stand-alone vision policies.

216-3.WV



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		West Virginia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
	All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9		10				
		1	2	3	4	5	6	7	8							
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses		Total Expenses (6 to 9)				
1.	Individual Comprehensive Coverage Expenses:															
	1.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0			
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0			
	1.10 Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0			
2.	Small Group Comprehensive Coverage Expenses:															
	2.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0			
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0			
	2.10 Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0			
3.	Large Group Comprehensive Coverage Expenses:															
	3.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0			
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0			
	3.10 Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0			

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Wisconsin		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288							
		Business Subject to MLR																					
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12		13		14		15	
		1	2	3	4	5	6	7	8		Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans													
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		2,662	88,540,430	170,585,373	.0	.0	.0	.0	.0	.0	.0	59,035,555	22,289,362,735	22,607,526,754	XXX	22,607,526,754							
1.2 Federal high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0							
1.3 State high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0							
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		2,662	88,540,430	170,585,373	.0	.0	.0	.0	.0	.0	.0	59,035,555	22,289,362,735	22,607,526,754	XXX	22,607,526,754							
1.5 Federal taxes and federal assessments .....		70,781	1,054,325	3,824,054	.0	.0	.0	.0	.0	.0	.0	(1,273,839)	649,212,852	652,888,174	(1,494,421)	651,393,753							
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		10,821	132,419	(130,331)	.0	.0	.0	.0	.0	.0	.0	(227,044)	34,726,428	34,512,293	(224,853)	34,287,440							
1.6a Community Benefit Expenditures (informational only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
1.7 Regulatory authority licenses and fees .....		(24)	55,614	84,685	.0	.0	.0	.0	.0	.0	.0	43,148	12,704,509	12,887,932	32,362	12,920,294							
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		(78,916)	87,298,071	166,806,965	.0	.0	.0	.0	.0	.0	.0	60,493,289	21,592,718,945	21,907,238,355	XXX	21,908,925,267							
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(59,017)	(13,015,259)	(13,074,276)	XXX	(13,074,276)							
1.10 Other Adjustments due to MLR calculations - Premiums .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0							
1.11 Risk Revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0							
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		(78,916)	87,298,071	166,806,965	0	0	0	0	0	0	0	60,434,273	21,579,703,686	21,894,164,078	XXX	21,895,850,991							
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		(408,503)	62,548,409	133,831,797	.0	.0	.0	.0	.0	.0	.0	56,604,844	14,777,603,755	15,030,180,301	XXX	15,030,180,301							
2.2 Prescription drugs .....		(8,546)	12,566,513	23,032,680	.0	.0	.0	.0	.0	.0	.0	126	7,105,306,238	7,140,897,011	XXX	7,140,897,011							
2.3 Pharmaceutical rebates .....		4,300	2,641,194	5,097,656	.0	.0	.0	.0	.0	.0	.0	3,930,809,961	3,938,553,111	3,938,553,111	XXX	3,938,553,111							
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	797,434	797,434	797,434	XXX	797,434							
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	375,945,686	375,945,686	XXX	375,945,686							
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		(421,349)	72,473,727	151,766,821	.0	.0	.0	.0	.0	.0	.0	56,604,970	18,328,045,718	18,608,469,886	XXX	18,608,469,886							
5.1 Net Assumed less Ceded reinsurance claims incurred .....		(649)	.0	.0	.0	.0	.0	.0	.0	.0	.0	(40,459)	(11,161,952)	(11,203,061)	XXX	(11,203,061)							
5.2 Other Adjustments due to MLR calculations - Claims .....		.0	.0	480,841	.0	.0	.0	.0	.0	.0	.0	.0	(11,017,026)	(10,536,185)	XXX	(10,536,185)							
5.3 Rebates paid .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	XXX	.0							
5.4 Estimated rebates unpaid prior year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	2,296,000	XXX	2,296,000							
5.5 Estimated rebates unpaid current year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	13,313,026	XXX	13,313,026							
5.6 Fee for service and co-pay revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0							
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		(421,998)	72,473,727	152,247,662	0	0	0	0	0	0	0	56,564,511	18,316,883,766	18,597,747,667	XXX	18,597,747,667							
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....		.0	303,921	655,606	.0	.0	.0	.0	.0	.0	.0	2,507	146,084,611	147,046,645	115,369	147,162,014							
6.2 Activities to prevent hospital readmissions .....		.0	121,807	264,283	.0	.0	.0	.0	.0	.0	.0	.1	47,797,543	48,183,634	5,325	48,188,959							
6.3 Improve patient safety and reduce medical errors .....		.0	86,387	184,859	.0	.0	.0	.0	.0	.0	.0	150	49,111,350	49,382,746	37,352	49,420,098							
6.4 Wellness and health promotion activities .....		.0	862,895	2,033,115	.0	.0	.0	.0	.0	.0	.0	262,786	80,061,693	83,220,489	778,581	83,999,070							
6.5 Health Information Technology expenses related to health improvement .....		.0	155,856	330,475	.0	.0	.0	.0	.0	.0	.0	88,968	57,533,734	58,109,034	121,053	58,230,087							
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		1	1,530,866	3,468,338	0	0	0	0	0	0	0	354,412	380,588,931	385,942,547	1,057,680	387,000,228							
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		5.339	0.848	0.931	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.866	XXX	XXX	XXX							
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.0	460,638	1,006,662	.0	.0	.0	.0	.0	.0	.0	124,600	241,050,527	242,642,427	520,091	243,162,519							
8.2 All other claims adjustment expenses .....		(2,472)	429,440	1,018,160	.0	.0	.0	.0	.0	.0	.0	168,777	135,905,212	137,519,116	533,073	138,052,189							
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		(2,472)	890,078	2,024,822	0	0	0	0	0	0	0	293,377	376,955,739	380,161,543	1,053,165	381,214,708							
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.031	0.010	0.012	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.005	0.017	XXX	XXX	XXX							

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	0	272,579	653,280	0	0	0	0	0	0	0	155,683	169,515,746	170,597,288	418,347	171,015,634
	10.2 Agents and brokers fees and commissions.....	58	2,567,010	5,061,350	0	0	0	0	0	0	0	1,972,789	210,654,998	220,256,205	2,296,064	222,552,268
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	1,938	195,154	351,796	0	0	0	0	0	0	0	103,270	55,915,259	56,567,417	155,191	56,722,608
	10.4 Other general and administrative expenses.....	1,269	5,289,861	11,687,440	0	0	0	0	0	0	0	5,903,160	1,407,967,456	1,430,849,186	4,182,903	1,435,032,089
	10.4a Community Benefit Expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	3,265	8,324,605	17,753,866	0	0	0	0	0	0	0	8,134,902	1,844,053,458	1,878,270,096	7,052,504	1,885,322,600
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	342,289	4,078,796	(8,687,723)	0	0	0	0	0	0	0	(4,912,929)	661,221,792	652,042,225	XXX	644,565,788
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,011,348	10,011,348
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	381,063,826	381,063,826
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39,880,995	39,880,995
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	993,225,056	995,759,967
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	8,734	23,182	0	0	0	0	0	0	0	71,066	6,606,045	6,709,027	9,646	6,718,673
2.	Number of Covered Lives	0	16,540	45,595	0	0	0	0	0	0	0	128,387	6,606,045	6,796,567	17,921	6,814,488
3.	Number of Groups	XXX	916	312	XXX	0	0	0	0	0	0	4,092	715	6,035	393	6,428
4.	Member Months	0	230,265	534,138	0	0	0	0	0	0	0	1,392,644	79,379,936	81,536,983	189,886	81,726,866

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	2,662	(507,604)	(3,184,807)	(2,510,062)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	494,283	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	.0	.0	.0	.0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	(125,701)	3,941,530	766,899
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	494,933	XXX	2,727,128	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	.0	.0	.0	.0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Wisconsin		DURING THE YEAR			2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10	11	12	13			
										Student Health Plans								
		1	2	3	4	5	6	7	8									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group			Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																		
1.1 Direct premiums written		2,662	88,540,430	170,585,373	0	0	0	0	0	0	0	0	59,049,054	22,289,362,735	22,607,540,253			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	69,255	0	69,255			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	82,755	0	82,755			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	(13,499)	0	(13,499)			
1.5 Paid rate credits		0	0	151,348	0	0	0	0	0	0	0	0	0	153,730,552	153,881,899			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	142,906,070	142,906,070			
1.7 Reserve for rate credits prior year		0	0	(284,659)	0	0	0	0	0	0	0	0	0	216,255,765	215,971,106			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	284,659	0	0	0	0	0	0	0	0	0	(73,349,695)	(73,065,036)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		2,662	88,540,430	170,585,373	0	0	0	0	0	0	0	0	59,035,555	22,289,362,735	22,607,526,754			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	123,447	0	123,447			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(124,033)	0	(124,033)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	58,431	13,015,259	13,073,690			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		2,662	88,540,430	170,149,366	0	0	0	0	0	0	0	0	58,976,538	22,195,966,619	22,513,635,615			
2. Direct Claims Incurred:																		
2.1 Paid claims during the year		(153,662)	73,292,902	156,483,998	0	0	0	0	0	0	0	0	53,178,770	17,777,298,391	18,060,100,400			
2.2 Direct claim liability current year		3,877	6,877,456	12,991,798	0	0	0	0	0	0	0	0	7,333,058	1,623,713,641	1,650,919,831			
2.3 Direct claim liability prior year		266,465	9,437,028	16,298,178	0	0	0	0	0	0	0	0	3,850,528	1,435,437,169	1,465,289,368			
2.4 Direct claim reserves current year		0	456,119	1,379	0	0	0	0	0	0	0	0	109,948	0	567,446			
2.5 Direct claim reserves prior year		0	388,954	731	0	0	0	0	0	0	0	0	123,898	0	513,582			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	(128)	0	(128)			
2.8 Paid rate credits		0	0	151,348	0	0	0	0	0	0	0	0	0	153,730,552	153,881,899			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	142,906,070	142,906,070			
2.10 Reserve for rate credits prior year		0	0	(284,659)	0	0	0	0	0	0	0	0	0	216,255,765	215,971,106			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	375,945,686	375,945,686			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	353,024,512	353,024,512			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	346,777,961	346,777,961			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	323,856,788	323,856,788			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		5,099	(1,673,230)	1,847,452	0	0	0	0	0	0	0	0	42,509	93,855,687	94,077,517			
2.12a Healthcare receivables current year		341	964,550	1,574,897	0	0	0	0	0	0	0	0	42,799	870,832,247	873,414,834			
2.12b Healthcare receivables prior year		(4,758)	2,637,780	(272,555)	0	0	0	0	0	0	0	0	290	776,976,561	779,337,317			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		(421,349)	72,473,727	151,766,821	0	0	0	0	0	0	0	0	56,604,970	18,328,045,719	18,608,469,887			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(23,022)	0	(23,022)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	1,113,487	0	1,113,487			
2.18 Ceded incurred claims to non-affiliates		649	0	0	0	0	0	0	0	0	0	0	1,130,925	11,161,952	12,293,526			
2.19 Other adjustments due to MLR calculation - Claims		0	0	480,841	0	0	0	0	0	0	0	0	0	0	480,841			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		(421,998)	72,473,727	151,811,655	0	0	0	0	0	0	0	0	56,564,511	18,236,502,910	18,516,930,805			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

(a) Column 13, Line 1.1 includes direct written premium of \$ 11,194,316 for stand-alone dental and \$ 2,887,369 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Wisconsin	DURING THE YEAR			2018	(LOCATION)	NAIC Company Code		73288
		All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses					
			1	2	3	4	5	6	7	8	9	10	
			Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ .....(443) for affiliated services) .....		(1)	.0	.0	.0	.0	(2)	(67)	(2,471)	(1,887)	(4,427)	
	1.2 Outsourced Services .....		.0	.0	.0	.0	.0	.0	(28)	(1)	(659)	(688)	
	1.3 EDP Equipment and Software (incl \$ .....(14) for affiliated services) .....		.0	.0	.0	.0	.0	.0	(6)	.0	(139)	(145)	
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....		.0	.0	.0	.0	.0	.0	.0	.0	(3)	(4)	
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....		.0	XXX	XXX	XXX	XXX	.0	.0	.0	(1)	(1)	
	1.6 Other Expenses (incl \$ .....412 for affiliated services) .....		.2	.0	.0	.0	.1	.3	.101	.0	4,017	4,120	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....		.0	.0	.0	.0	.0	.1	.0	(2,472)	1,327	(1,145)	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,938	1,938	
	1.10 Total (1.7 to 1.9) .....		.0	.0	.0	.0	.0	.1	.0	(2,472)	3,265	.793	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)		0	0	0	0	0	0	0	0	0	0	
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ .....433,581 for affiliated services) .....		94,585	4,567	35,877	642,574	79,180	856,784	216,544	227,500	3,034,986	4,335,815	
	2.2 Outsourced Services .....		159,214	114,885	32,752	115,084	33,493	455,428	132,798	86,278	1,090,918	1,765,421	
	2.3 EDP Equipment and Software (incl \$ .....29,138 for affiliated services) .....		7,519	327	2,115	24,642	7,041	41,644	13,923	17,096	218,717	291,380	
	2.4 Other Equipment (excl. EDP) (incl \$ .....692 for affiliated services) .....		188	8	52	263	175	687	346	408	5,477	6,919	
	2.5 Accreditation and Certification (incl \$ .....253 for affiliated services) .....		.0	XXX	XXX	XXX	XXX	.0	.0	141	166	2,531	
	2.6 Other Expenses (incl \$ .....414,833 for affiliated services) .....		42,414	2,019	15,591	80,331	35,967	176,323	96,886	97,991	3,777,128	4,148,328	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....		303,921	121,807	86,387	862,895	155,856	1,530,866	460,638	429,440	8,129,450	10,550,394	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	195,154	195,154	
	2.10 Total (2.7 to 2.9) .....		303,921	121,807	86,387	862,895	155,856	1,530,866	460,638	429,440	8,324,605	10,745,548	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)		0	0	0	0	0	0	90,991	0	0	90,991	
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ .....971,251 for affiliated services) .....		203,088	9,828	76,338	1,552,460	167,884	2,009,598	472,042	538,332	6,692,538	9,712,510	
	3.2 Outsourced Services .....		344,800	249,376	70,629	242,047	71,017	977,869	291,118	205,552	2,484,075	3,958,614	
	3.3 EDP Equipment and Software (incl \$ .....64,895 for affiliated services) .....		16,208	707	4,560	57,470	14,927	93,871	30,937	41,070	483,076	648,954	
	3.4 Other Equipment (excl. EDP) (incl \$ .....1,532 for affiliated services) .....		405	18	113	562	374	1,472	770	987	12,095	15,324	
	3.5 Accreditation and Certification (incl \$ .....563 for affiliated services) .....		.0	XXX	XXX	XXX	XXX	.0	.0	314	402	5,627	
	3.6 Other Expenses (incl \$ .....855,420 for affiliated services) .....		91,105	4,355	33,218	180,577	76,274	385,528	211,482	231,818	7,725,374	8,554,202	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....		655,606	264,283	184,859	2,033,115	330,475	3,468,338	1,006,662	1,018,160	17,402,070	22,895,230	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	351,796	351,796	
	3.10 Total (3.7 to 3.9) .....		655,606	264,283	184,859	2,033,115	330,475	3,468,338	1,006,662	1,018,160	17,753,866	23,247,026	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)		0	0	0	0	0	0	200,835	0	0	200,835	

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

REPORT FOR: 1. CORPORATION (To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

Humana Insurance Company 2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Wyoming		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10	11	12	13	14	15
		1	2	3	4	5	6	7	8	Student Health Plans							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group		Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	3,245,097	0	3,245,097	XXX	3,245,097	
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	3,245,097	0	3,245,097	XXX	3,245,097	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	(97,505)	0	(97,505)	0	(97,505)	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	3,129	0	3,129	0	3,129	
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	2,131	0	2,131	0	2,131	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	3,337,341	0	3,337,341	XXX	3,337,341	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	(3,135)	0	(3,135)	XXX	(3,135)	
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	3,334,206	0	3,334,206	XXX	3,334,206	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	2,451,695	0	2,451,695	XXX	2,451,695	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	70	0	70	XXX	70	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	2,451,765	0	2,451,765	XXX	2,451,765	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.2 Other Adjustments due to MLR calculations - Claims .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.3 Rebates paid .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year .....		0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	2,451,765	0	2,451,765	XXX	2,451,765	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....		0	0	0	0	0	0	0	0	0	0	35	0	35	0	35	
6.2 Activities to prevent hospital readmissions .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6.3 Improve patient safety and reduce medical errors .....		0	0	0	0	0	0	0	0	0	0	1	0	1	0	1	
6.4 Wellness and health promotion activities .....		0	0	0	0	0	0	0	0	0	0	33,567	0	33,567	0	33,567	
6.5 Health Information Technology expenses related to health improvement .....		0	0	0	0	0	0	0	0	0	0	4,317	0	4,317	0	4,317	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	37,919	0	37,919	0	37,919	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		0	0	0	0	0	0	0	0	0	0	5,941	0	5,941	0	5,941	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	30,695	0	30,695	0	30,695	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	36,636	0	36,636	0	36,636	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.011	0.000	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:										Government Business (excluded by statute)	Other Health Business				
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....5,889	.....0	.....5,889	.....0	.....5,889
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....218,351	.....0	.....218,351	.....0	.....218,351
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....6,473	.....0	.....6,473	.....0	.....6,473
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....296,791	.....0	.....296,791	.....0	.....296,791
	10.4a Community Benefit Expenditures (informational only) .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	527,503	0	527,503	0	527,503
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	280,383	0	280,383	XXX	280,383
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	280,383	XXX	280,383
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	2,600	0	2,600	0	2,600
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	2,835	0	2,835	0	2,835
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	1	0	1	0	1
4.	Member Months	0	0	0	0	0	0	0	0	0	0	33,254	0	33,254	0	33,254

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ X ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Wyoming		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12	
		Mini-Med Plans															
		1	2	3	4	5	6	7	8	Student Health Plans		Government Business (excluded by statute)		Other Health Business		Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group							Total (a)	
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	3,247,038	0	0	3,247,038	
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	6,263	0	0	6,263	
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	8,204	0	0	8,204	
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	(1,941)	0	0	(1,941)	
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	3,245,097	0	0	3,245,097	
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	3,135	0	0	3,135	
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	3,241,961	0	0	3,241,961	
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	2,433,794	0	0	2,433,794	
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	275,777	0	0	275,777	
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	257,387	0	0	257,387	
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	419	0	0	419	
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	441	0	0	441	
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	22	0	0	22	
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	2,451,765	0	0	2,451,765	
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	2,451,765	0	0	2,451,765	
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Column 13, Line 1.1 includes direct written premium of \$ 252,642 for stand-alone dental and \$ 65,979 for stand-alone vision policies.

216-3.WY

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119 BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR				(LOCATION) 2018 NAIC Company Code 73288			
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	1.10 Total (1.7 to 1.9) .....	0	0	0	0	0	0	0	0	0	0
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0
	2.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0
	2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0
	2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	2.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	0	0	0	0	0	0	0	0	0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	2.10 Total (2.7 to 2.9) .....	0	0	0	0	0	0	0	0	0	0
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0
	3.2 Outsourced Services .....	0	0	0	0	0	0	0	0	0	0
	3.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0
	3.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0
	3.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	3.6 Other Expenses (incl \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0	0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	0	0	0	0	0	0	0	0	0	0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	3.10 Total (3.7 to 3.9) .....	0	0	0	0	0	0	0	0	0	0
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0

216-4.WY

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288		
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15	
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7	8	Student Health Plans								
											Individual							Small Group Employer
1. Premium:																		
1.1 Health premiums earned (From Part 2, Line 1.11) .....		(22,137,377)	823,678,609	678,194,368	0	0	0	0	0	0	0	0	1,188,880,285	22,289,362,735	24,957,978,619	XXX	24,957,978,619	
1.2 Federal high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.3 State high risk pools .....		0	0	0	0	0	0	0	0	0	0	0	(41,056)	0	(41,056)	XXX	(41,056)	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		(22,137,377)	823,678,609	678,194,368	0	0	0	0	0	0	0	0	1,188,839,229	22,289,362,735	24,957,937,563	XXX	24,957,937,563	
1.5 Federal taxes and federal assessments .....		(700,094)	27,147,129	19,190,967	0	0	0	0	0	0	0	0	(395,618)	649,212,852	694,455,236	(13,695,091)	680,760,145	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....)		(34,669)	12,282,038	7,060,430	0	0	0	0	0	0	0	0	15,679,122	34,726,428	69,713,348	(2,063,919)	67,649,430	
1.6a Community Benefit Expenditures (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees .....		66,329	514,253	352,749	0	0	0	0	0	0	0	0	1,732,446	12,704,509	15,370,287	345,344	15,715,632	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		(21,468,944)	783,735,189	651,590,222	0	0	0	0	0	0	0	0	1,171,823,279	21,592,718,945	24,178,398,692	XXX	24,193,812,357	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	(2,055,925)	0	0	0	0	0	0	0	0	0	(30,362,550)	(13,015,259)	(45,433,734)	XXX	(45,433,734)	
1.10 Other Adjustments due to MLR calculations - Premiums .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.11 Risk Revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		(21,468,944)	781,679,264	651,590,222	0	0	0	0	0	0	0	0	1,141,460,730	21,579,703,686	24,132,964,958	XXX	24,148,378,623	
2. Claims:																		
2.1 Incurred claims excluding prescription drugs .....		(26,787,467)	526,563,243	509,574,932	0	0	0	0	0	0	0	0	881,308,230	14,777,603,755	16,668,262,692	XXX	16,668,262,692	
2.2 Prescription drugs .....		(3,261,085)	108,689,905	88,419,079	0	0	0	0	0	0	0	0	10,894	7,105,306,238	7,299,165,031	XXX	7,299,165,031	
2.3 Pharmaceutical rebates .....		(110,832)	22,499,293	19,479,900	0	0	0	0	0	0	0	0	19,557	3,930,809,961	3,972,697,879	XXX	3,972,697,879	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	797,434	797,434	XXX	797,434	
3. Incurred medical incentive pools and bonuses .....		(262,477)	0	0	0	0	0	0	0	0	0	0	0	375,945,686	375,683,209	XXX	375,683,209	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		(30,200,197)	612,753,855	578,514,110	0	0	0	0	0	0	0	0	881,299,567	18,328,045,718	20,370,413,053	XXX	20,370,413,053	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		(151,577)	(2,516,182)	0	0	0	0	0	0	0	0	0	(16,669,408)	(11,161,952)	(30,499,118)	XXX	(30,499,118)	
5.2 Other Adjustments due to MLR calculations - Claims .....		(2,446,421)	(2,279,187)	(1,669,909)	0	0	0	0	0	0	0	0	0	(11,017,026)	(17,412,544)	XXX	(17,412,544)	
5.3 Rebates paid .....		8,164,201	2,017,801	1,698,607	0	0	0	0	0	0	0	0	XXX	XXX	11,880,610	XXX	11,880,610	
5.4 Estimated rebates unpaid prior year .....		5,717,780	1,894,101	1,278,093	0	0	0	0	0	0	0	0	XXX	XXX	2,296,000	11,185,974	XXX	11,185,974
5.5 Estimated rebates unpaid current year .....		0	2,155,487	3,438,395	0	0	0	0	0	0	0	0	XXX	XXX	13,313,026	18,906,908	XXX	18,906,908
5.6 Fee for service and co-pay revenue .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		(30,351,774)	610,237,673	580,703,110	0	0	0	0	0	0	0	0	864,630,159	18,316,883,766	20,342,102,934	XXX	20,342,102,934	
6. Improving Health Care Quality Expenses Incurred:																		
6.1 Improve health outcomes .....		(37)	2,783,162	2,664,704	0	0	0	0	0	0	0	0	85,057	146,084,611	151,617,497	1,385,246	153,002,743	
6.2 Activities to prevent hospital readmissions .....		2	1,104,168	1,067,169	0	0	0	0	0	0	0	0	151	47,797,543	49,969,034	63,751	50,032,785	
6.3 Improve patient safety and reduce medical errors .....		(3)	791,257	741,533	0	0	0	0	0	0	0	0	5,331	49,111,350	50,649,467	451,082	51,100,549	
6.4 Wellness and health promotion activities .....		(239,492)	6,394,162	7,100,038	0	0	0	0	0	0	0	0	7,798,865	80,061,693	101,115,265	3,240,663	104,355,929	
6.5 Health Information Technology expenses related to health improvement .....		3,427	1,441,021	1,358,600	0	0	0	0	0	0	0	0	1,599,168	57,533,734	61,935,950	1,395,367	63,331,317	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		(236,103)	12,513,770	12,932,043	0	0	0	0	0	0	0	0	9,488,572	380,588,931	415,287,213	6,536,109	421,823,322	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		1.418	0.798	0.908	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.866	XXX	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																		
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		40	4,209,899	4,102,731	0	0	0	0	0	0	0	0	5,098,835	241,050,527	254,462,032	6,308,076	260,770,109	
8.2 All other claims adjustment expenses .....		(98,391)	3,716,546	3,887,086	0	0	0	0	0	0	0	0	7,215,122	135,905,212	150,625,574	6,362,841	156,988,416	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		(98,350)	7,926,445	7,989,817	0	0	0	0	0	0	0	0	12,313,956	376,955,739	405,087,607	12,670,918	417,758,524	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.005	0.010	0.012	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.011	0.017	XXX	XXX	XXX	XXX	

216-1-GT



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	19	2,468,848	2,630,441	0	0	0	0	0	0	0	5,804,640	169,515,746	180,419,693	3,937,262	184,356,955
10.2 Agents and brokers fees and commissions.....	(107,534)	25,183,809	19,738,262	0	0	0	0	0	0	0	101,166,405	210,654,998	356,635,940	9,979,711	366,615,651
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	30,073	2,085,750	1,544,337	0	0	0	0	0	0	0	4,330,932	55,915,259	63,906,350	1,677,249	65,583,599
10.4 Other general and administrative expenses.....	1,624,703	49,038,194	48,166,412	0	0	0	0	0	0	0	92,281,593	1,407,967,456	1,599,078,359	47,598,059	1,646,676,418
10.4a Community Benefit Expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	1,547,262	78,776,601	72,079,452	0	0	0	0	0	0	0	203,583,569	1,844,053,458	2,200,040,343	63,192,281	2,263,232,623
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	7,670,021	72,224,775	(22,114,199)	0	0	0	0	0	0	0	51,444,473	661,221,792	770,446,861	XXX	703,461,219
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	95,392,908	95,392,908
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	381,063,826	381,063,826
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39,880,995	39,880,995
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,111,629,692	1,140,036,958
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	1	171,167	167,960	0	0	0	0	0	0	0	2,030,104	6,606,045	8,975,277	100,630	9,075,907
2. Number of Covered Lives	1	290,379	286,321	0	0	0	0	0	0	0	3,262,798	6,606,045	10,445,544	197,250	10,642,794
3. Number of Groups	XXX	9,048	1,334	XXX	0	0	0	0	0	0	88,614	715	99,711	1,779	101,490
4. Member Months	5,477	3,880,594	3,541,817	0	0	0	0	0	0	0	37,824,278	79,379,936	124,632,102	2,278,287	126,910,389

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2  Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(18,013,516)	4,771,087	(50,284,914)	(5,638,736)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	10,972,182	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	8,004,014	2,493,207	67,972,750	(2,389,284)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	10,986,597	XXX	66,246,198	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	158,361	0	179,955	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		73288	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12	
					Mini-Med Plans												
		1	2	3	4	5	6	7	8								13
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		(22,204,391)	823,678,609	678,194,368	0	0	0	0	0	0	0	1,189,314,868	22,289,362,735	24,958,346,189			
1.2 Unearned premium prior year		67,013	0	0	0	0	0	0	0	0	0	2,370,037	0	2,437,050			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	2,804,620	0	2,804,620			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		67,013	0	0	0	0	0	0	0	0	0	(434,583)	0	(367,570)			
1.5 Paid rate credits		8,005,840	1,964,426	4,592,011	0	0	0	0	0	0	0	0	153,730,552	168,292,829			
1.6 Reserve for rate credits current year		0	2,155,487	3,665,591	0	0	0	0	0	0	0	142,906,070	0	148,727,148			
1.7 Reserve for rate credits prior year		5,717,780	1,840,726	692,299	0	0	0	0	0	0	0	7,094	216,255,765	224,513,664			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		(5,717,780)	314,761	2,973,292	0	0	0	0	0	0	0	(7,094)	(73,349,695)	(75,786,516)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		(22,137,377)	823,678,609	678,194,368	0	0	0	0	0	0	0	1,188,880,285	22,289,362,735	24,957,978,619			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	1,779,926	0	1,779,926			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	(30,477,834)	0	(30,477,834)			
1.14 Ceded premiums earned to non-affiliates		0	2,055,925	0	0	0	0	0	0	0	0	1,664,642	13,015,259	16,735,826			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		(24,425,438)	819,343,497	670,629,064	0	0	0	0	0	0	0	1,158,524,829	22,195,966,619	24,820,038,572			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		16,335,448	620,511,406	577,231,444	0	0	0	0	0	0	0	856,742,654	17,777,298,391	19,848,119,344			
2.2 Direct claim liability current year		2,035,351	43,852,490	71,001,871	0	0	0	0	0	0	0	109,870,880	1,623,713,641	1,850,474,232			
2.3 Direct claim liability prior year		52,714,335	56,124,155	75,430,586	0	0	0	0	0	0	0	84,830,291	1,435,437,169	1,704,536,536			
2.4 Direct claim reserves current year		0	2,099,048	433,952	0	0	0	0	0	0	0	3,286,703	0	5,819,703			
2.5 Direct claim reserves prior year		0	1,912,038	485,962	0	0	0	0	0	0	0	3,787,589	0	6,185,589			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	15,405,599	0	15,405,599			
2.7 Direct contract reserves prior year		3,396,557	0	0	0	0	0	0	0	0	0	13,501,448	0	16,898,005			
2.8 Paid rate credits		8,005,840	1,964,426	4,592,011	0	0	0	0	0	0	0	0	153,730,552	168,292,829			
2.9 Reserve for rate credits current year		0	2,155,487	3,665,591	0	0	0	0	0	0	0	142,906,070	0	148,727,148			
2.10 Reserve for rate credits prior year		5,717,780	1,840,726	692,299	0	0	0	0	0	0	0	7,094	216,255,765	224,513,664			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		(262,477)	0	0	0	0	0	0	0	0	0	0	375,945,686	375,683,209			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	353,024,512	0	353,024,512			
2.11b Accrued medical incentive pools and bonuses current year		381,363	0	0	0	0	0	0	0	0	0	0	346,777,961	347,159,324			
2.11c Accrued medical incentive pools and bonuses prior year		643,840	0	0	0	0	0	0	0	0	0	0	323,856,788	324,500,628			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		(5,514,314)	(2,047,918)	1,801,913	0	0	0	0	0	0	0	1,879,848	93,855,687	89,975,216			
2.12a Healthcare receivables current year		10,075	7,514,961	5,702,298	0	0	0	0	0	0	0	1,885,561	870,832,247	885,945,143			
2.12b Healthcare receivables prior year		5,524,389	9,562,879	3,900,384	0	0	0	0	0	0	0	5,714	776,976,561	795,969,927			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		(30,200,197)	612,753,855	578,514,110	0	0	0	0	0	0	0	881,299,567	18,328,045,719	20,370,413,054			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	616,373	0	616,373			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	(13,893,027)	0	(13,893,027)			
2.18 Ceded incurred claims to non-affiliates		151,577	2,516,182	0	0	0	0	0	0	0	0	3,392,754	11,161,952	17,222,465			
2.19 Other adjustments due to MLR calculation - Claims		0	0	2,189,000	0	0	0	0	0	0	0	0	0	2,189,000			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		(32,639,834)	607,958,486	573,137,807	0	0	0	0	0	0	0	864,637,253	18,236,502,910	20,249,596,622			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 405,167,766 for stand-alone dental and \$ 109,331,338 for stand-alone vision policies.

216-3-GT

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

Humana Insurance Company

2. 1100 Employers Boulevard DePere, WI 54115

NAIC Group Code		0119	BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2018	(LOCATION)		NAIC Company Code		73288
		All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses				10
		1	2	3	4	5	6	7	8	9			10	
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses			Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:													
	1.1 Salaries (including \$ .....45,547 for affiliated services) .....	(1)	.0	.2	(121,672)	1,747	(119,923)	(348)	(362,411)	938,152			.455,470	
	1.2 Outsourced Services .....	(49)	.2	(6)	(51,469)	738	(50,784)	(134)	.115,228	289,767			.354,077	
	1.3 EDP Equipment and Software (incl \$ .....7,410 for affiliated services) .....	.0	.0	.0	(10,818)	155	(10,663)	(31)	.24,219	60,578			.74,103	
	1.4 Other Equipment (excl. EDP) (incl \$ .....183 for affiliated services) .....	.0	.0	.0	(271)	.3	(268)	(1)	.607	1,497			.1,835	
	1.5 Accreditation and Certification (incl \$ .....86 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.247	.618			.865	
	1.6 Other Expenses (incl \$ .....29,639 for affiliated services) .....	.13	.0	.0	(55,262)	784	(54,465)	.554	.123,720	226,578			.296,387	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	(37)	.2	(3)	(239,492)	3,427	(236,103)	.40	(98,391)	1,517,189			1,182,736	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0			.0	
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30,073			30,073	
	1.10 Total (1.7 to 1.9) .....	(37)	.2	(3)	(239,492)	3,427	(236,103)	.40	(98,391)	1,547,262			1,212,809	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	7	0	0			7	
2.	Small Group Comprehensive Coverage Expenses:													
	2.1 Salaries (including \$ .....3,854,739 for affiliated services) .....	.875,087	.45,224	.328,662	4,449,096	.732,064	.6,430,134	1,940,318	1,954,033	.28,222,909			.38,547,394	
	2.2 Outsourced Services .....	1,442,959	1,035,315	298,403	1,074,677	.309,660	4,161,013	1,264,957	.754,974	.10,202,482			.16,383,426	
	2.3 EDP Equipment and Software (incl \$ .....266,316 for affiliated services) .....	.70,385	.3,419	.20,264	189,400	.65,103	.348,571	127,911	.149,109	2,037,565			2,663,156	
	2.4 Other Equipment (excl. EDP) (incl \$ .....6,428 for affiliated services) .....	1,760	.83	.502	2,498	1,626	.6,470	.3,186	.3,588	.51,041			.64,283	
	2.5 Accreditation and Certification (incl \$ .....2,348 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.1,297	1,461	.20,726			.23,483	
	2.6 Other Expenses (incl \$ .....3,944,932 for affiliated services) .....	.392,971	.20,126	.143,426	.678,491	.332,568	.1,567,581	.872,231	.853,381	.36,156,130			.39,449,323	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.2,783,162	.1,104,168	.791,257	.6,394,162	.1,441,021	.12,513,770	.4,209,899	.3,716,546	.76,690,851			.97,131,066	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0			.0	
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.2,085,750			.2,085,750	
	2.10 Total (2.7 to 2.9) .....	.2,783,162	.1,104,168	.791,257	.6,394,162	.1,441,021	.12,513,770	.4,209,899	.3,716,546	.78,776,601			.99,216,816	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	837,307	0	0			837,307	
3.	Large Group Comprehensive Coverage Expenses:													
	3.1 Salaries (including \$ .....3,854,868 for affiliated services) .....	.828,383	.39,360	.304,573	.5,192,836	.690,245	.7,055,397	1,891,272	.2,030,141	.27,571,866			.38,548,675	
	3.2 Outsourced Services .....	1,395,883	1,007,375	284,866	1,018,927	.291,965	.3,999,015	1,229,786	.796,725	.10,165,132			.16,190,659	
	3.3 EDP Equipment and Software (incl \$ .....263,360 for affiliated services) .....	.66,759	.2,906	.18,766	.204,188	.61,372	.353,991	126,927	.158,995	1,993,692			2,633,604	
	3.4 Other Equipment (excl. EDP) (incl \$ .....6,295 for affiliated services) .....	1,667	.71	.465	.2,308	1,531	.6,042	.3,159	.3,835	.49,919			.62,955	
	3.5 Accreditation and Certification (incl \$ .....2,312 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.1,284	1,561	.20,271			.23,116	
	3.6 Other Expenses (incl \$ .....3,399,797 for affiliated services) .....	.372,012	.17,456	.132,863	.681,779	.313,487	.1,517,598	.850,304	.895,828	.30,734,236			.33,997,966	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.2,664,704	.1,067,169	.741,533	.7,100,038	.1,358,600	.12,932,043	.4,102,731	.3,887,086	.70,535,115			.91,456,975	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0			.0	
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,544,337			1,544,337	
	3.10 Total (3.7 to 3.9) .....	.2,664,704	.1,067,169	.741,533	.7,100,038	.1,358,600	.12,932,043	.4,102,731	.3,887,086	.72,079,452			.93,001,311	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	825,236	0	0			825,236	

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	4.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	4.10 Total (4.7 to 4.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	5.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	5.10 Total (5.7 to 5.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	6.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	6.10 Total (6.7 to 6.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	7.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	7.10 Total (7.7 to 7.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	8.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	8.10 Total (8.7 to 8.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.2 Outsourced Services .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.5 Accreditation and Certification (incl \$ .....0 for affiliated services) .....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	9.6 Other Expenses (incl \$ .....0 for affiliated services) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	9.10 Total (9.7 to 9.9) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only) .....	0	0	0	0	0	0	0	0	0	0



SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2018  
(To Be Filed by April 1)

Of The Humana Insurance Company  
ADDRESS (City, State and Zip Code) Louisville , KY 40202  
NAIC Group Code 0119 NAIC Company Code 73288 Federal Employer's Identification Number (FEIN) 39-1263473

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. \$ 7,233,381,293

2. Ten largest exposures to a single issuer/borrower/investment.

	1	2	3	4
	Issuer	Description of Exposure	Amount	Percentage of Total Admitted Assets
2.01	MET TRANSPRTN AUTH NY REVENUE	BONDS	\$ 58,580,371	0.8 %
2.02	CD COMMERCIAL MORTGAGE TRUST	BONDS	\$ 58,306,521	0.8 %
2.03	JPMORGAN CHASE & CO	BONDS	\$ 53,406,348	0.7 %
2.04	APPLE INC	BONDS	\$ 47,965,502	0.7 %
2.05	JP MORGAN CHASE	BONDS	\$ 45,278,744	0.6 %
2.06	MARYLAND ST	BONDS	\$ 40,559,910	0.6 %
2.07	NEW YORK ST DORM AUTH	BONDS	\$ 39,915,350	0.6 %
2.08	GOLDMAN SACHS GROUP INC	BONDS	\$ 39,247,216	0.5 %
2.09	NEW YORK ST DORM AUTH SALES	BONDS	\$ 38,255,687	0.5 %
2.10	BANK OF AMERICA CORP	BONDS	\$ 36,831,207	0.5 %

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.

	Bonds	1	2	Preferred Stocks	3	4
3.01	NAIC-1	\$ 3,392,278,627	46.9 %	3.07 P/RP-1	\$ 0	0.0 %
3.02	NAIC-2	\$ 351,917,387	4.9 %	3.08 P/RP-2	\$ 0	0.0 %
3.03	NAIC-3	\$ 131,242,517	1.8 %	3.09 P/RP-3	\$ 0	0.0 %
3.04	NAIC-4	\$ 4,803,550	0.1 %	3.10 P/RP-4	\$ 0	0.0 %
3.05	NAIC-5	\$ 0	0.0 %	3.11 P/RP-5	\$ 0	0.0 %
3.06	NAIC-6	\$ 0	0.0 %	3.12 P/RP-6	\$ 0	0.0 %

4. Assets held in foreign investments:

4.01	Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets?	Yes [ X ] No [ ]
	If response to 4.01 above is yes, responses are not required for interrogatories 5 - 10.	
4.02	Total admitted assets held in foreign investments	\$ 27,306,379 0.4 %
4.03	Foreign-currency-denominated investments	\$ 0 0.0 %
4.04	Insurance liabilities denominated in that same foreign currency	\$ 0 0.0 %

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:

		1	2
5.01	Countries designated NAIC-1 .....	\$ .....0	.....0.0 %
5.02	Countries designated NAIC-2 .....	\$ .....0	.....0.0 %
5.03	Countries designated NAIC-3 or below .....	\$ .....0	.....0.0 %

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:

		1	2
Countries designated NAIC - 1:			
6.01	Country 1: .....	\$ .....0	.....0.0 %
6.02	Country 2: .....	\$ .....0	.....0.0 %
Countries designated NAIC - 2:			
6.03	Country 1: .....	\$ .....0	.....0.0 %
6.04	Country 2: .....	\$ .....0	.....0.0 %
Countries designated NAIC - 3 or below:			
6.05	Country 1: .....	\$ .....0	.....0.0 %
6.06	Country 2: .....	\$ .....0	.....0.0 %

		1	2
7.	Aggregate unhedged foreign currency exposure .....	\$ .....0	.....0.0 %

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:

		1	2
8.01	Countries designated NAIC-1 .....	\$ .....0	.....0.0 %
8.02	Countries designated NAIC-2 .....	\$ .....0	.....0.0 %
8.03	Countries designated NAIC-3 or below .....	\$ .....0	.....0.0 %

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation:

		1	2
Countries designated NAIC - 1:			
9.01	Country 1: .....	\$ .....0	.....0.0 %
9.02	Country 2: .....	\$ .....0	.....0.0 %
Countries designated NAIC - 2:			
9.03	Country 1: .....	\$ .....0	.....0.0 %
9.04	Country 2: .....	\$ .....0	.....0.0 %
Countries designated NAIC - 3 or below:			
9.05	Country 1: .....	\$ .....0	.....0.0 %
9.06	Country 2: .....	\$ .....0	.....0.0 %

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	1	2	3	4
	Issuer	NAIC Designation		
10.01	.....	.....	\$ .....0	.....0.0 %
10.02	.....	.....	\$ .....0	.....0.0 %
10.03	.....	.....	\$ .....0	.....0.0 %
10.04	.....	.....	\$ .....0	.....0.0 %
10.05	.....	.....	\$ .....0	.....0.0 %
10.06	.....	.....	\$ .....0	.....0.0 %
10.07	.....	.....	\$ .....0	.....0.0 %
10.08	.....	.....	\$ .....0	.....0.0 %
10.09	.....	.....	\$ .....0	.....0.0 %
10.10	.....	.....	\$ .....0	.....0.0 %

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ X ] No [ ]

If response to 11.01 is yes, detail is not required for the remainder of interrogatory 11.

		1	2
11.02	Total admitted assets held in Canadian investments .....	\$ .....0	.....0.0 %
11.03	Canadian-currency-denominated investments .....	\$ .....0	.....0.0 %
11.04	Canadian-denominated insurance liabilities .....	\$ .....0	.....0.0 %
11.05	Unhedged Canadian currency exposure .....	\$ .....0	.....0.0 %

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions:

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ X ] No [ ]

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

		1	2	3
12.02	Aggregate statement value of investments with contractual sales restrictions .....	\$ .....0	.....0.0 %	
	Largest three investments with contractual sales restrictions:			
12.03	.....	\$ .....0	.....0.0 %	
12.04	.....	\$ .....0	.....0.0 %	
12.05	.....	\$ .....0	.....0.0 %	

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interests less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ X ] No [ ]

If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.

		1	2	3
	Issuer			
13.02	.....	\$ .....0	.....0.0 %	
13.03	.....	\$ .....0	.....0.0 %	
13.04	.....	\$ .....0	.....0.0 %	
13.05	.....	\$ .....0	.....0.0 %	
13.06	.....	\$ .....0	.....0.0 %	
13.07	.....	\$ .....0	.....0.0 %	
13.08	.....	\$ .....0	.....0.0 %	
13.09	.....	\$ .....0	.....0.0 %	
13.10	.....	\$ .....0	.....0.0 %	
13.11	.....	\$ .....0	.....0.0 %	



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

14. Amounts and percentages of the reporting entity’s total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity’s total admitted assets? ..... Yes [ X ] No [ ]

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

	1	2	3
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities .....	\$ .....0	.....0.0 %
	Largest three investments held in nonaffiliated, privately placed equities:		
14.03	.....	\$ .....0	.....0.0 %
14.04	.....	\$ .....0	.....0.0 %
14.05	.....	\$ .....0	.....0.0 %

15. Amounts and percentages of the reporting entity’s total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity’s total admitted assets? ..... Yes [ X ] No [ ]

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

	1	2	3
15.02	Aggregate statement value of investments held in general partnership interests .....	\$ .....0	.....0.0 %
	Largest three investments in general partnership interests:		
15.03	.....	\$ .....0	.....0.0 %
15.04	.....	\$ .....0	.....0.0 %
15.05	.....	\$ .....0	.....0.0 %

16. Amounts and percentages of the reporting entity’s total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity’s total admitted assets? ..... Yes [ X ] No [ ]

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	1	2	3
	Type (Residential, Commercial, Agricultural)		
16.02	.....	\$ .....0	.....0.0 %
16.03	.....	\$ .....0	.....0.0 %
16.04	.....	\$ .....0	.....0.0 %
16.05	.....	\$ .....0	.....0.0 %
16.06	.....	\$ .....0	.....0.0 %
16.07	.....	\$ .....0	.....0.0 %
16.08	.....	\$ .....0	.....0.0 %
16.09	.....	\$ .....0	.....0.0 %
16.10	.....	\$ .....0	.....0.0 %
16.11	.....	\$ .....0	.....0.0 %

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

		Loans	
16.12	Construction loans .....	\$ .....0	.....0.0 %
16.13	Mortgage loans over 90 days past due .....	\$ .....0	.....0.0 %
16.14	Mortgage loans in the process of foreclosure .....	\$ .....0	.....0.0 %
16.15	Mortgage loans foreclosed .....	\$ .....0	.....0.0 %
16.16	Restructured mortgage loans .....	\$ .....0	.....0.0 %

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

Loan to Value		Residential		Commercial		Agricultural	
		1	2	3	4	5	6
17.01	above 95%.....	\$ .....0	.....0.0 %	\$ .....0	.....0.0 %	\$ .....0	.....0.0 %
17.02	91 to 95%.....	\$ .....0	.....0.0 %	\$ .....0	.....0.0 %	\$ .....0	.....0.0 %
17.03	81 to 90%.....	\$ .....0	.....0.0 %	\$ .....0	.....0.0 %	\$ .....0	.....0.0 %
17.04	71 to 80%.....	\$ .....0	.....0.0 %	\$ .....0	.....0.0 %	\$ .....0	.....0.0 %
17.05	below 70%.....	\$ .....0	.....0.0 %	\$ .....0	.....0.0 %	\$ .....0	.....0.0 %

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ X ] No [ ]

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate.

Description		1	2	3
18.02	.....	\$ .....0	.....0.0 %	
18.03	.....	\$ .....0	.....0.0 %	
18.04	.....	\$ .....0	.....0.0 %	
18.05	.....	\$ .....0	.....0.0 %	
18.06	.....	\$ .....0	.....0.0 %	

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ X ] No [ ]

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

1		2	3
19.02	Aggregate statement value of investments held in mezzanine real estate loans: .....	\$ .....0	.....0.0 %
Largest three investments held in mezzanine real estate loans:			
19.03	.....	\$ .....0	.....0.0 %
19.04	.....	\$ .....0	.....0.0 %
19.05	.....	\$ .....0	.....0.0 %

SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Insurance Company

20. Amounts and percentages of the reporting entity’s total admitted assets subject to the following types of agreements:

		At Year End				1st Quarter	At End of Each Quarter		3rd Quarter
		1	2			3	2nd Quarter	4	5
20.01	Securities lending agreements (do not include assets held as collateral for such transactions)	\$ .....0	.....0.0 %	\$	.....0	\$	.....0	\$	.....0
20.02	Repurchase agreements	\$ .....0	.....0.0 %	\$	.....0	\$	.....0	\$	.....0
20.03	Reverse repurchase agreements	\$ .....0	.....0.0 %	\$	.....0	\$	.....0	\$	.....0
20.04	Dollar repurchase agreements	\$ .....0	.....0.0 %	\$	.....0	\$	.....0	\$	.....0
20.05	Dollar reverse repurchase agreements	\$ .....0	.....0.0 %	\$	.....0	\$	.....0	\$	.....0

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

		Owned				Written	
		1	2			3	4
21.01	Hedging	\$ .....0	.....0.0 %	\$	.....0	.....0.0 %	
21.02	Income generation	\$ .....0	.....0.0 %	\$	.....0	.....0.0 %	
21.03	Other	\$ .....0	.....0.0 %	\$	.....0	.....0.0 %	

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

		At Year End				1st Quarter	At End of Each Quarter		3rd Quarter
		1	2			3	2nd Quarter	4	5
22.01	Hedging	\$ .....0	.....0.0 %	\$	.....0	\$	.....0	\$	.....0
22.02	Income generation	\$ .....0	.....0.0 %	\$	.....0	\$	.....0	\$	.....0
22.03	Replications	\$ .....0	.....0.0 %	\$	.....0	\$	.....0	\$	.....0
22.04	Other	\$ .....0	.....0.0 %	\$	.....0	\$	.....0	\$	.....0

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

		At Year End				At End of Each Quarter	
		1	2			1st Quarter	2nd Quarter
						3	4
23.01	Hedging	\$ .....0	.....0.0 %	\$	.....0	\$	.....0
23.02	Income generation	\$ .....0	.....0.0 %	\$	.....0	\$	.....0
23.03	Replications	\$ .....0	.....0.0 %	\$	.....0	\$	.....0
23.04	Other	\$ .....0	.....0.0 %	\$	.....0	\$	.....0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Alabama

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	113,350	0	457,596,701	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	113,350	0	457,596,701	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	442,724,213	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	442,724,213	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	113,350	0	14,872,488	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	442,041,176	0
0902. Federal Employee Health Benefits Plan .....	0	0	683,037	0
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	442,724,213	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Alabama

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	113,350	0	14,872,488	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	113,350	0	14,872,488	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Alaska

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	22,473	0	11,193,390	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	22,473	0	11,193,390	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	9,356,766	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	9,356,766	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	22,473	0	1,836,624	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	9,356,766	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	9,356,766	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Alaska

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	22,473	0	1,836,624	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	22,473	0	1,836,624	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Arizona

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	1, 147, 118	0	304, 482, 532	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	1, 147, 118	0	304, 482, 532	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	249, 879, 433	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	249, 879, 433	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	1, 147, 118	0	54, 603, 099	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	243, 326, 603	0
0902. Stop-Loss Premium .....	0	0	4, 741, 693	0
0903. Federal Employee Health Benefits Plan .....	0	0	1, 811, 137	0
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	249, 879, 433	0





ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Arizona

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	1,147,118	0	54,603,099	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	1,147,118	0	54,603,099	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Arkansas

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	20,352	0	165,965,197	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	20,352	0	165,965,197	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	157,288,236	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	157,288,236	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	20,352	0	8,676,961	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	157,042,562	0
0902. Federal Employee Health Benefits Plan .....	0	0	245,674	0
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	157,288,236	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Arkansas

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	20,352	0	8,676,961	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	20,352	0	8,676,961	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: California

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	3,305,181	0	421,918,988	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	3,305,181	0	421,918,988	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	337,221,840	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	337,221,840	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	3,305,181	0	84,697,148	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	337,221,840	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	337,221,840	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: California

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	3,305,181	0	84,697,148	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	3,305,181	0	84,697,148	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Colorado

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	972,909	0	347,545,338	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	972,909	0	347,545,338	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	312,039,351	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	312,039,351	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	972,909	0	35,505,987	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	284,709,252	0
0902. Stop-Loss Premium .....	0	0	27,330,099	0
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	312,039,351	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Colorado

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	972,909	0	35,505,987	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	972,909	0	35,505,987	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Connecticut

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	30,296	0	41,645,852	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	30,296	0	41,645,852	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	36,855,603	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	36,855,603	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	30,296	0	4,790,249	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	36,855,603	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	36,855,603	0





ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Connecticut

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	30,296	0	4,790,249	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	30,296	0	4,790,249	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Delaware

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	0	0	31,223,227	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	31,223,227	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	26,680,034	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	26,680,034	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	4,543,193	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	26,680,034	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	26,680,034	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Delaware

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	4,543,193	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	4,543,193	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: District of Columbia

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	37,080	0	6,266,958	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	37,080	0	6,266,958	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	4,528,991	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	4,528,991	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	37,080	0	1,737,967	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	3,794,003	0
0902. Federal Employee Health Benefits Plan .....	0	0	734,988	0
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	4,528,991	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: District of Columbia

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	37,080	0	1,737,967	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	37,080	0	1,737,967	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



OF THE Humana Insurance Company

**DIRECT BUSINESS IN THE STATE OF:** Florida

290.FL



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Florida

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	4,550,619	0	120,292,284	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX.....	0.....	XXX.....	0.....
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
3.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.3 Amounts in excess of \$5 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX.....	XXX.....	XXX.....	0.....
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX.....	XXX.....	XXX.....	0.....
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
5.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX.....	XXX.....	XXX.....	0.....
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
6.2 Amounts in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
6.3 Total (Lines 6.1 + 6.2) .....	XXX.....	XXX.....	XXX.....	0.....
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX.....	XXX.....	XXX.....	0.....
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
7.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX.....	XXX.....	XXX.....	0.....
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
10. Aggregate write-ins for other deductions .....	0.....	0.....	0.....	0.....
BASE				
11. Current Year (2018)	4,550,619	0	120,292,284	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0.....	0.....	0.....	0.....
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0.....	0.....	0.....	0.....



OF THE Humana Insurance Company NAIC COMPANY CODE 73288

		1	2	3	4
PREMIUMS, CONSIDERATIONS AND DEPOSITS		Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	5,507,620	0	1,018,619,683	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
2.1	Contract fees for variable contracts with guarantees	0	0	0	0
2.2	Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1	Transfers to guaranteed Separate Accounts	0	0	0	0
3.2	Roll over of GICs or annuities into other companies	0	0	0	0
3.3	Surrenders or other benefits paid out	0	0	0	0
3.4	Excess interest credited to accounts	0	0	0	0
3.5	Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99	Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
4.1	Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
4.2	Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
4.3	Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
4.99	Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	5,507,620	0	1,018,619,683	0
<b>DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE</b>					
Do not include any amount more than once in Lines 6 through 9					
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
7.2	Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
7.3	Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
7.4	Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	821,651,107	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	821,651,107	0
<b>MODEL ACT BASE (Line 5 minus Line 10)</b>					
11.	Current Year	5,507,620	0	196,968,576	0
<b>DETAILS OF WRITE-INS</b>					
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare - Federal Exemption from Assessment	0	0	777,061,754	0
0902.	Stop-Loss Premium	0	0	42,244,670	0
0903.	Federal Employee Health Benefits Plan	0	0	2,344,683	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	821,651,107	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Hawaii

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	0	0	101,580,025	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	101,580,025	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	99,392,953	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	99,392,953	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	2,187,072	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	99,392,953	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	99,392,953	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF:    Hawaii

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1.    MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	2,187,072	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.    Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX.....	0.....	XXX.....	0.....
3.    Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
3.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
4.    Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.3 Amounts in excess of \$5 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX.....	XXX.....	XXX.....	0.....
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX.....	XXX.....	XXX.....	0.....
5.    Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
5.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX.....	XXX.....	XXX.....	0.....
6.    Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
6.2 Amounts in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
6.3 Total (Lines 6.1 + 6.2) .....	XXX.....	XXX.....	XXX.....	0.....
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX.....	XXX.....	XXX.....	0.....
7.    Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
7.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX.....	XXX.....	XXX.....	0.....
8.    Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
9.    Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
10.    Aggregate write-ins for other deductions .....	0.....	0.....	0.....	0.....
BASE				
11.    Current Year (2018) .....	0.....	0.....	2,187,072.....	0.....
DETAILS OF WRITE-INS				
1001.    .....				
1002.    .....				
1003.    .....				
1098.    Summary of remaining write-ins for Line 10 from overflow page .....	0.....	0.....	0.....	0.....
1099.    Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0.....	0.....	0.....	0.....



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Idaho

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	0	0	60,225,565	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	60,225,565	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	57,621,068	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	57,621,068	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	2,604,497	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	57,621,068	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	57,621,068	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Idaho

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	2,604,497	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	2,604,497	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Illinois

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	2,827,596	0	831,536,854	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	2,827,596	0	831,536,854	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	597,407,167	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	597,407,167	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	2,827,596	0	234,129,687	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	592,889,481	0
0902. Stop-Loss Premium .....	0	0	3,337,116	0
0903. Federal Employee Health Benefits Plan .....	0	0	1,180,570	0
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	597,407,167	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Illinois

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	2,827,596	0	234,129,687	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	2,827,596	0	234,129,687	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Indiana

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	1,786,985	0	947,335,515	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	1,786,985	0	947,335,515	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	864,042,632	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	864,042,632	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	1,786,985	0	83,292,883	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	855,625,523	0
0902. Stop-Loss Premium .....	0	0	8,417,109	0
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	864,042,632	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Indiana

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	1,786,985	0	83,292,883	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	1,786,985	0	83,292,883	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Iowa

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
<b>PREMIUMS, CONSIDERATIONS AND DEPOSITS</b>				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	13,248	0	210,274,170	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	13,248	0	210,274,170	0
<b>DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE</b> Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	207,556,018	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	207,556,018	0
<b>MODEL ACT BASE (Line 5 minus Line 10)</b>				
11. Current Year .....	13,248	0	2,718,152	0
<b>DETAILS OF WRITE-INS</b>				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	207,556,018	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	207,556,018	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company..... NAIC COMPANY CODE        73288.....

DIRECT BUSINESS IN THE STATE OF: Iowa

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	13,248	0	2,718,152	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	13,248	0	2,718,152	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Kansas

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	666,979	0	325,962,730	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	666,979	0	325,962,730	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	179,347,955	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	179,347,955	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	666,979	0	146,614,775	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	165,052,358	0
0902. Stop-Loss Premium .....	0	0	13,798,556	0
0903. Federal Employee Health Benefits Plan .....	0	0	497,041	0
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	179,347,955	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Kansas

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	666,979	0	146,614,775	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	666,979	0	146,614,775	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



OF THE Humana Insurance Company NAIC COMPANY CODE 73288

		1	2	3	4
PREMIUMS, CONSIDERATIONS AND DEPOSITS		Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	7,190,071	0	1,779,790,851	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
2.1	Contract fees for variable contracts with guarantees	0	0	0	0
2.2	Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1	Transfers to guaranteed Separate Accounts	0	0	0	0
3.2	Roll over of GICs or annuities into other companies	0	0	0	0
3.3	Surrenders or other benefits paid out	0	0	0	0
3.4	Excess interest credited to accounts	0	0	0	0
3.5	Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99	Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
4.1	Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
4.2	Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
4.3	Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
4.99	Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	7,190,071	0	1,779,790,851	0
<b>DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE</b>					
Do not include any amount more than once in Lines 6 through 9					
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
7.2	Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
7.3	Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
7.4	Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	1,779,210,317	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	1,779,210,317	0
<b>MODEL ACT BASE (Line 5 minus Line 10)</b>					
11.	Current Year	7,190,071	0	580,534	0
<b>DETAILS OF WRITE-INS</b>					
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare - Federal Exemption from Assessment	0	0	1,778,799,159	0
0902.	Stop-Loss Premium	0	0	411,158	0
0903.					
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	1,779,210,317	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Kentucky

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	7,190,071	0	580,534	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	7,190,071	0	580,534	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Louisiana

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	1,472,279	0	370,619,632	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	1,472,279	0	370,619,632	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	367,922,015	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	367,922,015	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	1,472,279	0	2,697,617	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	365,482,098	0
0902. Stop-Loss Premium .....	0	0	1,725,164	0
0903. Federal Employee Health Benefits Plan .....	0	0	714,753	0
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	367,922,015	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Louisiana

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	1,472,279	0	2,697,617	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX.....	0.....	XXX.....	0.....
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
3.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.3 Amounts in excess of \$5 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX.....	XXX.....	XXX.....	0.....
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX.....	XXX.....	XXX.....	0.....
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
5.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX.....	XXX.....	XXX.....	0.....
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
6.2 Amounts in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
6.3 Total (Lines 6.1 + 6.2) .....	XXX.....	XXX.....	XXX.....	0.....
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX.....	XXX.....	XXX.....	0.....
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
7.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX.....	XXX.....	XXX.....	0.....
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
10. Aggregate write-ins for other deductions .....	0.....	0.....	0.....	0.....
BASE				
11. Current Year (2018)	1,472,279	0	2,697,617	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0.....	0.....	0.....	0.....
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0.....	0.....	0.....	0.....







ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF:    Maine

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1.    MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	1,423	0	800,268	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.    Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3.    Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4.    Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5.    Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6.    Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7.    Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8.    Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9.    Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10.    Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11.    Current Year (2018)	1,423	0	800,268	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098.    Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099.    Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Maryland

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	281,350	0	87,690,791	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	281,350	0	87,690,791	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	74,489,135	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	74,489,135	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	281,350	0	13,201,656	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	69,841,163	0
0902. Federal Employee Health Benefits Plan .....	0	0	4,647,972	0
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	74,489,135	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Maryland

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	281,350	0	13,201,656	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	281,350	0	13,201,656	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Massachusetts

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	40,478	0	85,799,153	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	40,478	0	85,799,153	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	74,122,339	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	74,122,339	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	40,478	0	11,676,814	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	74,122,339	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	74,122,339	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Massachusetts

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	40,478	0	11,676,814	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	40,478	0	11,676,814	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Michigan

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	739,158	0	866,501,129	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	739,158	0	866,501,129	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	834,644,742	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	834,644,742	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	739,158	0	31,856,387	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	834,644,742	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	834,644,742	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Michigan

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	739,158	0	31,856,387	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	739,158	0	31,856,387	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Minnesota

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	58,302	0	471,064,867	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	58,302	0	471,064,867	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	468,782,697	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	468,782,697	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	58,302	0	2,282,170	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	468,782,697	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	468,782,697	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Minnesota

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	58,302	0	2,282,170	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	58,302	0	2,282,170	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Mississippi

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	245,017	0	534,704,563	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	245,017	0	534,704,563	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	497,363,846	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	497,363,846	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	245,017	0	37,340,717	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	495,424,634	0
0902. Stop-Loss Premium .....	0	0	1,515,279	0
0903. Federal Employee Health Benefits Plan .....	0	0	423,933	0
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	497,363,846	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Mississippi

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	245,017	0	37,340,717	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	245,017	0	37,340,717	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Missouri

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	1,366,507	0	411,297,150	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	1,366,507	0	411,297,150	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	290,013,624	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	290,013,624	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	1,366,507	0	121,283,526	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	278,057,243	0
0902. Stop-Loss Premium .....	0	0	10,655,811	0
0903. Federal Employee Health Benefits Plan .....	0	0	1,300,570	0
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	290,013,624	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Missouri

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	1,366,507	0	121,283,526	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	1,366,507	0	121,283,526	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Montana

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	0	0	60,056,226	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	60,056,226	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	55,355,783	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	55,355,783	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	4,700,443	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	55,355,783	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	55,355,783	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Montana

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	4,700,443	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	4,700,443	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Nebraska

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	33,730	0	107,160,809	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	33,730	0	107,160,809	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	103,132,529	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	103,132,529	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	33,730	0	4,028,280	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	103,132,529	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	103,132,529	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Nebraska

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	33,730	0	4,028,280	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	33,730	0	4,028,280	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Nevada

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	302,495	0	160,578,702	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	302,495	0	160,578,702	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	142,731,971	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	142,731,971	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	302,495	0	17,846,731	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	142,731,971	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	142,731,971	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Nevada

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	302,495	0	17,846,731	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	302,495	0	17,846,731	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: New Hampshire

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	11,282	0	27,006,527	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	11,282	0	27,006,527	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	25,154,279	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	25,154,279	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	11,282	0	1,852,248	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	25,154,279	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	25,154,279	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: New Hampshire

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	11,282	0	1,852,248	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	11,282	0	1,852,248	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: New Jersey

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	28,928	0	107,555,667	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	28,928	0	107,555,667	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	97,178,182	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	97,178,182	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	28,928	0	10,377,485	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	97,178,182	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	97,178,182	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: New Jersey

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	28,928	0	10,377,485	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	28,928	0	10,377,485	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: New Mexico

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	38,593	0	144,551,451	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	38,593	0	144,551,451	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	139,412,577	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	139,412,577	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	38,593	0	5,138,874	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	139,412,577	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	139,412,577	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF:    New Mexico

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1.    MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	38,593	0	5,138,874	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.    Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3.    Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4.    Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5.    Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6.    Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7.    Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8.    Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9.    Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10.    Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11.    Current Year (2018)	38,593	0	5,138,874	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098.    Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099.    Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: North Carolina

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	637,041	0	925,315,562	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	637,041	0	925,315,562	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	901,652,898	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	901,652,898	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	637,041	0	23,662,664	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	900,447,153	0
0902. Federal Employee Health Benefits Plan .....	0	0	1,205,745	0
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	901,652,898	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: North Dakota

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	18,157	0	44,229,586	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	18,157	0	44,229,586	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	42,427,172	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	42,427,172	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	18,157	0	1,802,414	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	42,427,172	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	42,427,172	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: North Dakota

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	18,157	0	1,802,414	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	18,157	0	1,802,414	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Ohio

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	3,265,476	0	1,344,457,064	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	3,265,476	0	1,344,457,064	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	1,190,580,818	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	1,190,580,818	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	3,265,476	0	153,876,246	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	1,157,442,331	0
0902. Stop-Loss Premium .....	0	0	31,484,985	0
0903. Federal Employee Health Benefits Plan .....	0	0	1,653,502	0
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	1,190,580,818	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Ohio

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	3,265,476	0	153,876,246	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX.....	0.....	XXX.....	0.....
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
3.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.3 Amounts in excess of \$5 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX.....	XXX.....	XXX.....	0.....
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX.....	XXX.....	XXX.....	0.....
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
5.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX.....	XXX.....	XXX.....	0.....
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
6.2 Amounts in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
6.3 Total (Lines 6.1 + 6.2) .....	XXX.....	XXX.....	XXX.....	0.....
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX.....	XXX.....	XXX.....	0.....
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
7.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX.....	XXX.....	XXX.....	0.....
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
10. Aggregate write-ins for other deductions .....	0.....	0.....	0.....	0.....
BASE				
11. Current Year (2018)	3,265,476	0	153,876,246	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0.....	0.....	0.....	0.....
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0.....	0.....	0.....	0.....



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Oklahoma

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	365,295	0	407,999,906	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	365,295	0	407,999,906	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	400,413,792	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	400,413,792	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	365,295	0	7,586,114	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	399,402,041	0
0902. Federal Employee Health Benefits Plan .....	0	0	1,011,751	0
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	400,413,792	0





ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Oklahoma

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	365,295	0	7,586,114	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	365,295	0	7,586,114	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Oregon

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	1,491	0	56,973,463	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	1,491	0	56,973,463	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	53,284,045	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	53,284,045	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	1,491	0	3,689,418	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	53,284,045	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	53,284,045	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Oregon

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	1,491	0	3,689,418	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	1,491	0	3,689,418	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Pennsylvania

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	141,015	0	304,620,278	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	141,015	0	304,620,278	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	287,474,263	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	287,474,263	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	141,015	0	17,146,015	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	287,466,076	0
0902. Federal Employee Health Benefits Plan .....	0	0	8,187	0
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	287,474,263	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Rhode Island

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	0	0	10,976,039	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	10,976,039	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	8,909,602	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	8,909,602	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	2,066,437	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	8,909,602	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	8,909,602	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Rhode Island

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	2,066,437	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	2,066,437	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: South Carolina

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	155,009	0	568,137,156	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	155,009	0	568,137,156	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	553,449,699	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	553,449,699	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	155,009	0	14,687,457	0
DETAILS OF WRITE-INS				
3.501. ....	0	0	0	0
3.502. ....	0	0	0	0
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	552,950,492	0
0902. Federal Employee Health Benefits Plan .....	0	0	499,207	0
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	553,449,699	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: South Carolina

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	155,009	0	14,687,457	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	155,009	0	14,687,457	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: South Dakota

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
<b>PREMIUMS, CONSIDERATIONS AND DEPOSITS</b>				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	36,528	0	90,662,707	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	36,528	0	90,662,707	0
<b>DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE</b> Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	87,792,459	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	87,792,459	0
<b>MODEL ACT BASE (Line 5 minus Line 10)</b>				
11. Current Year .....	36,528	0	2,870,248	0
<b>DETAILS OF WRITE-INS</b>				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	87,792,459	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	87,792,459	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: South Dakota

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	36,528	0	2,870,248	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	36,528	0	2,870,248	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Tennessee

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	1,210,994	0	564,389,073	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	1,210,994	0	564,389,073	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	356,300,796	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	356,300,796	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	1,210,994	0	208,088,277	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	352,026,468	0
0902. Stop-Loss Premium .....	0	0	4,266,917	0
0903. Federal Employee Health Benefits Plan .....	0	0	7,411	0
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	356,300,796	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Tennessee

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	1,210,994	0	208,088,277	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	1,210,994	0	208,088,277	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0





ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Texas

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	7,806,689	0	368,642,980	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	7,806,689	0	368,642,980	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Utah

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	313,967	0	58,439,738	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	313,967	0	58,439,738	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	47,995,720	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	47,995,720	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	313,967	0	10,444,018	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	47,930,169	0
0902. Stop-Loss Premium .....	0	0	65,551	0
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	47,995,720	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Utah

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	313,967	0	10,444,018	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	313,967	0	10,444,018	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0







ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Vermont

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	3,030,586	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	3,030,586	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Virginia

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	598,235	0	972,214,400	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	598,235	0	972,214,400	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	946,916,279	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	946,916,279	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	598,235	0	25,298,121	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	942,305,882	0
0902. Federal Employee Health Benefits Plan .....	0	0	4,610,397	0
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	946,916,279	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Virginia

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	598,235	0	25,298,121	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	598,235	0	25,298,121	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Washington

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	0	0	166,191,930	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	166,191,930	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	159,246,665	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	159,246,665	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	6,945,265	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	159,246,665	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	159,246,665	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Washington

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	6,945,265	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	6,945,265	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: West Virginia

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	59,519	0	1,024,549,346	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	59,519	0	1,024,549,346	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	1,019,030,233	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	1,019,030,233	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	59,519	0	5,519,113	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	1,018,764,989	0
0902. Federal Employee Health Benefits Plan .....	0	0	265,244	0
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	1,019,030,233	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: West Virginia

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	59,519	0	5,519,113	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018)	59,519	0	5,519,113	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Wisconsin

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	2,357,644	0	907,854,363	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	2,357,644	0	907,854,363	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	590,112,852	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	590,112,852	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	2,357,644	0	317,741,511	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	590,112,852	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	590,112,852	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Wisconsin

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	2,357,644	0	317,741,511	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX.....	0.....	XXX.....	0.....
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
3.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.3 Amounts in excess of \$5 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX.....	XXX.....	XXX.....	0.....
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX.....	XXX.....	XXX.....	0.....
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
5.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX.....	XXX.....	XXX.....	0.....
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
6.2 Amounts in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
6.3 Total (Lines 6.1 + 6.2) .....	XXX.....	XXX.....	XXX.....	0.....
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX.....	XXX.....	XXX.....	0.....
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX.....	XXX.....	XXX.....	0.....
7.2 All amounts .....	XXX.....	XXX.....	XXX.....	0.....
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX.....	XXX.....	XXX.....	0.....
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX.....	XXX.....	XXX.....	0.....
10. Aggregate write-ins for other deductions .....	0.....	0.....	0.....	0.....
BASE				
11. Current Year (2018)	2,357,644	0	317,741,511	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0.....	0.....	0.....	0.....
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0.....	0.....	0.....	0.....



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    .....73288.....

DIRECT BUSINESS IN THE STATE OF: Wyoming

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	0	0	15,772,471	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	15,772,471	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	12,525,434	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	12,525,434	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	3,247,037	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare – Federal Exemption from Assessment .....	0	0	12,525,434	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	12,525,434	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE    Humana Insurance Company.....    NAIC COMPANY CODE    73288.....

DIRECT BUSINESS IN THE STATE OF: Wyoming

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	3,247,037	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	0	XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
3.2 All amounts .....	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	0
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
5.2 All amounts .....	XXX	XXX	XXX	0
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	0
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	0
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	0
7.2 All amounts .....	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	0
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	0
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	0
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	3,247,037	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



Life Supplement - Analysis of Annuity Operations by Lines of Business

**N O N E**

Life Supplement - Analysis of Annuity Operations by Lines of Business Overflow Page

**N O N E**

Life Supplement - Analysis of Increase in Annuity Reserves During the Year

**N O N E**